

Name
in
Full

CERTIFICATE OF DEATH

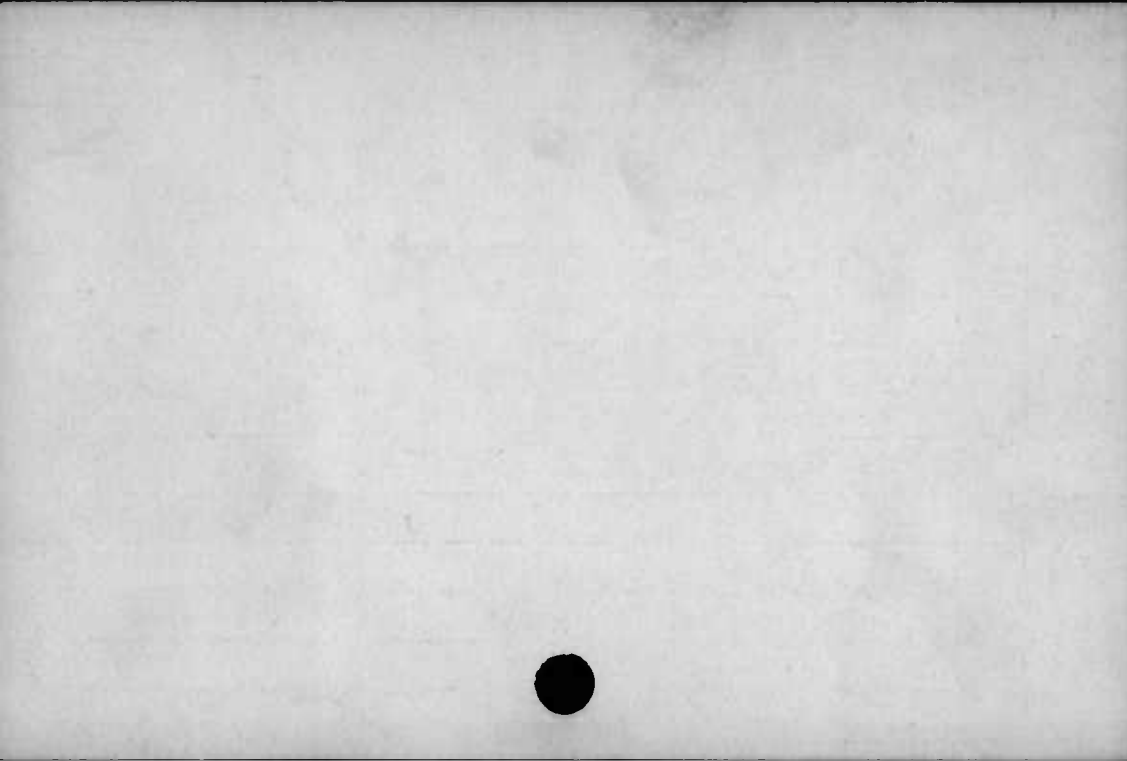
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Key Bunker</i>		County <i>allergany</i>		MARYLAND	
Town <i>Cumt</i>					
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>15</i>	Age	Years <i>6</i>	Months <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cumt</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>John Bunker</i>		
Father's Name <i>John Bunker</i>			Father's Birthplace <i>Cumt</i>		
Mother's Maiden Name <i>Emm</i>			Mother's Birthplace		
Name of person giving information <i>John Bunker</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Asphyxia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. R. Hodges M.D.</i>
	Address <i>Cumtland, Md.</i>
Accident or Suicide?	



Name in Full		Mary Hamilton Barner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Cumberland				MARYLAND		
		Date of death		1905	Month	Dec	Day	17
		Age		24	Years	10	Months	
		Sex		Female	Color or Race		White	Birth-place
		Occupation		Housewife	Where Residing if not at place of death			
		Married, Single or Widowed		Married	Name of Wife or Husband		Espey Barner	
Father's Name		Jas Weir	Father's Birthplace		Scotland			
Mother's Maiden Name		Mary	Mother's Birthplace					
Name of person giving information		Barner	How related to deceased		Husband			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Choleliths & Acute Gastritis				1 da		
		Immediate				How long		
		Exhaustion				2 da		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo L Broadus		
Address		Cumberland		Md		Med		
Accident or Suicide?		no						



Name
in
Full

Infant. Thos Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>Dec</u> ^{Day} <u>13</u>		Age <u>13</u> ^{Years}		Months <u>1</u>	Days <u>1</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cumuld</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Thos Barry</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Miss Wright</u>		Mother's Birthplace <u>Cumuld</u>			
Name of person giving information <u>Thos Barry</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Congenital Valvular Heart Disease</u>	How long <u>1 day</u>
Immediate <u>Exposure</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Edward Harris</u>
	Address <u>Cumuld Land Ind.</u>
Accident or Suicide? <u> </u>	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumbsland</i> <small>Town</small>		County <i>Allegheny</i>			
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>9</i>	Age <i>63</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>N.H.</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Oliver Belz</i>				
Father's Name <i>Patrick Cronos</i>	Father's Birthplace <i>N.H.</i>				
Mother's Maiden Name <i>Sarah Cronos</i>	Mother's Birthplace <i>N.H.</i>				
Name of person giving information <i>J.W. Fahy</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	<i>Hobnail Liver</i>	How long
Immediate <i>4 hours</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. J. [Signature]</i>	
	Address	
Accident or Suicide?		

J. Chan

69 Humboldt St.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

[Signature]

Name
in
Full

Elizabeth Bloss

CERTIFICATE OF DEATH

Town *North Branch*

County *Allegheny*

MARYLAND

Died at *North Branch*
Date of death *1905 Dec 1*

Age *78*

Months *1* Days *1*

Sex *Female*

Color or Race *White*

Birth-place *Germany*

Occupation *House Keeper*

Where Residing if not at place of death *-*

Married, Single or Widowed *Widow*

Name of Wife or Husband *-*

Father's Name *-*

Father's Birthplace

Mother's Maiden Name *-*

Mother's Birthplace

Name of person giving information *George W Bloss*

How related to deceased *Son*

CAUSES OF DEATH

Primary *old age & general debility*
Exhaustion

How long *2 years*
How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Young*
Address *Richfield*

Accident or Suicide? *-*



Name
in
Full

CERTIFICATE OF DEATH

Infant *Brown (M/M)*
Town County

Died at *Cumberland* *Allegheny* **MARYLAND**

Date of death *1905* Month *Dec* Day *13* Age *-* Months *-* Days *1*

Sex *Male* Color or Race *Colored* Birth-place *Cummd*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Bessie Jones Gold* Father's Birthplace

Mother's Maiden Name *Albert Brown* Mother's Birthplace

Name of person giving information *Bessie Jones* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Natural Causes* How long *4*

Immediate *Exhaustion* How long *3 hrs -*

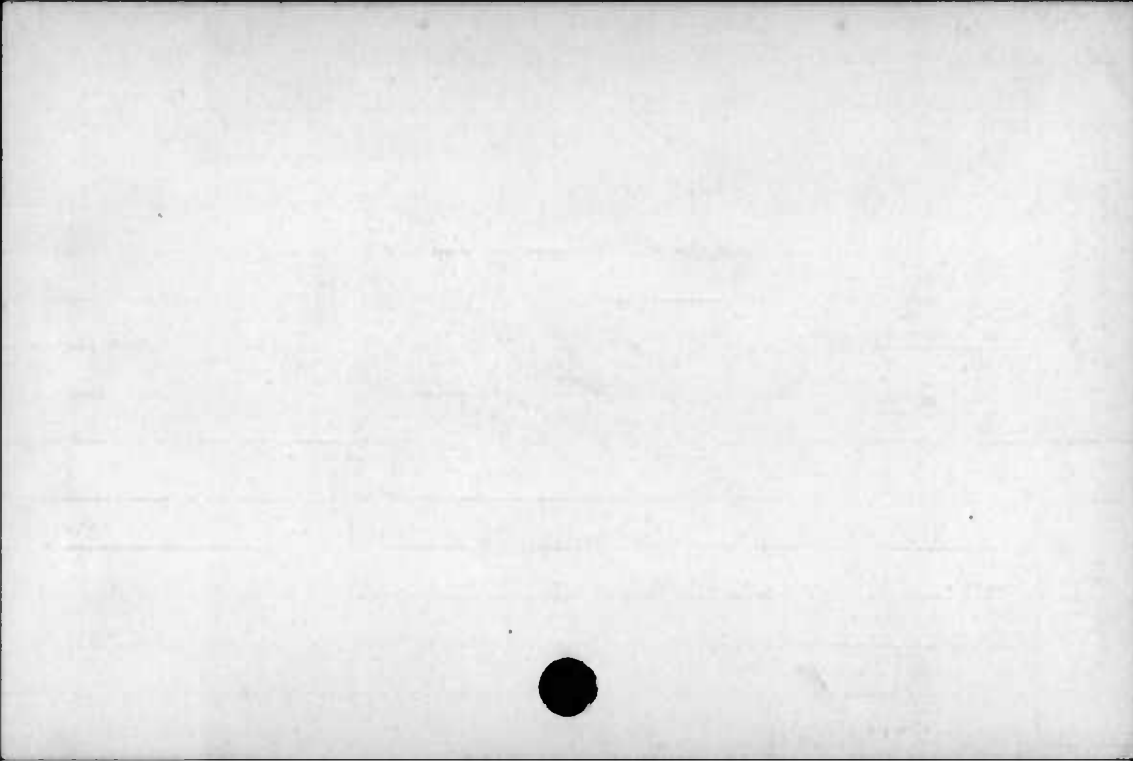
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Ch H Grace*

Address *Cummd Md*

Accident or Suicide? *14. O. Allegh. Co*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Andrew Bruschka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>12</i> ^{Month}	<i>3</i> ^{Day}	<i>Abner</i> ^{Years}	<i>30</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race		Birth-place		
Occupation <i>Labon</i>	Where Residing if not at place of death <i>Maple Side</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Jacob</i>	<i>(1166)</i>			Father's Birthplace <i>Russ Poland</i>	
Mother's Maiden Name <i>Mary</i>				Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Jacob Kabowsky</i>			How related to deceased <i>a friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed by P.T.O. R.R. Cars.</i>	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. ...</i>
<i>9/13</i>	Address <i>Acton, Conn.</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James A. Buckner

Died at *Cumberland* *Cecery* County **MARYLAND**

Date of death *1905* Month *12* Day *5* Age *65* Years Months Days

Sex *Male* - Color or Race *White* Birth-place *Cumt. Md.*

Occupation _____ Where Residing if not at place of death _____

Married, ~~Single~~ *Single* Name of Wife or ~~Husband~~ *Louise Mayer*

Father's Name *Valentine* Father's Birthplace *Alto Pa.*

Mother's Maiden Name *Marie White* Mother's Birthplace *Cumt. Md.*

Name of person giving Information *(164)* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Cerebral Hemorrhage*How long *24 hours*Immediate *Cerebral pressure*

How long _____

Are the name, age, sex, color, date and place correctly given above?

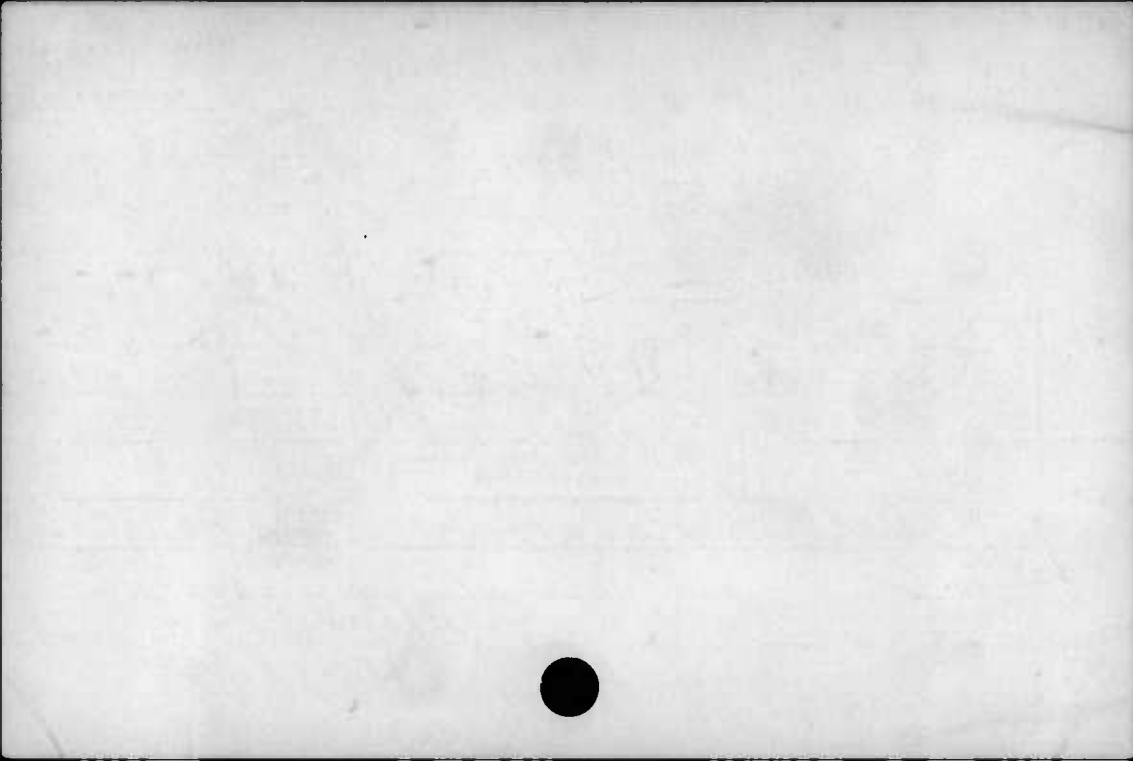
Yes

Signature of Physician

Address

James T. Johnson
Cumberland Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

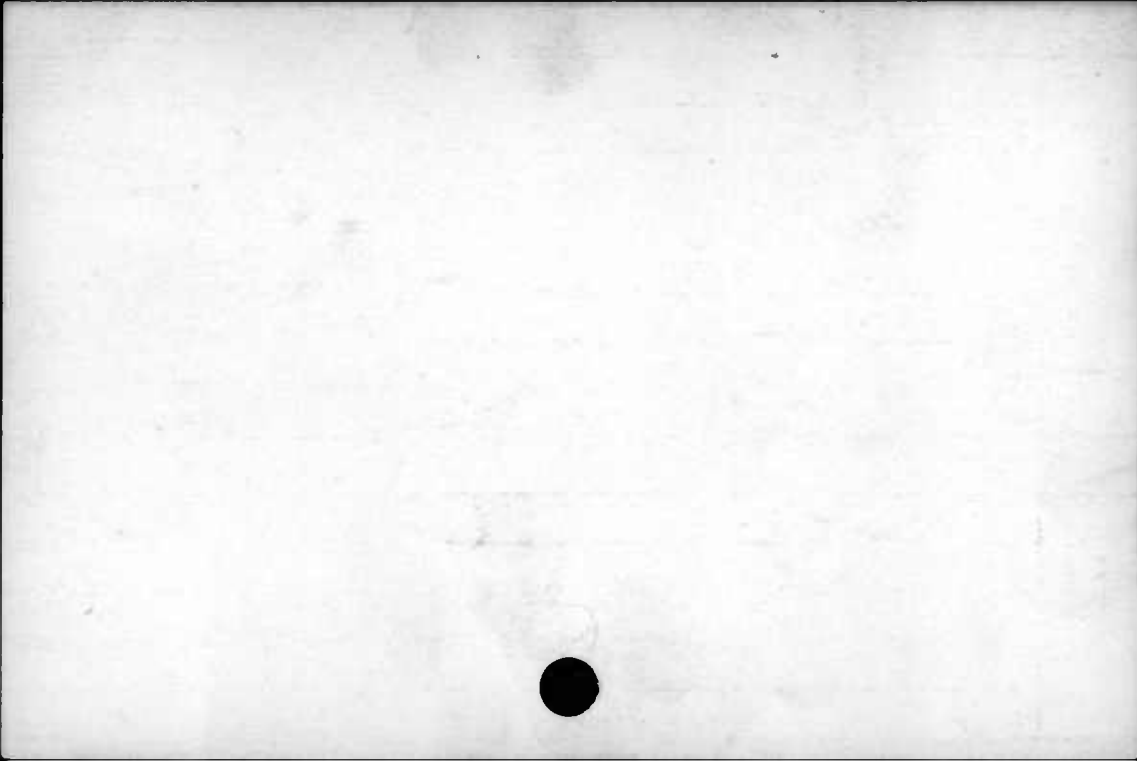
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Garage</i>		Town <i>Allegany</i>		County <i>Allegany</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec</i>	Day <i>6</i>	Age	<i>32</i>	Years <i>3</i>	Months <i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>		
Occupation	<i>Housewife</i>			Where Residing if not at place of death			<i>Int Garage Ind</i>
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband			<i>Jesse Chism</i>		
Father's Name	<i>Abraham Kifer</i>			Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	<i>Dallas Chism</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach & Liver</i>	How long	<i>1 year</i>
Immediate	<i>Cancer Cachexia</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. Alan E. Munn</i>
		Address	<i>Int Garage Ind</i>
Accident or Suicide?			<i>Ind</i>



Name
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Full

Mrs Mollie Lee Cleam

CERTIFICATE OF DEATH

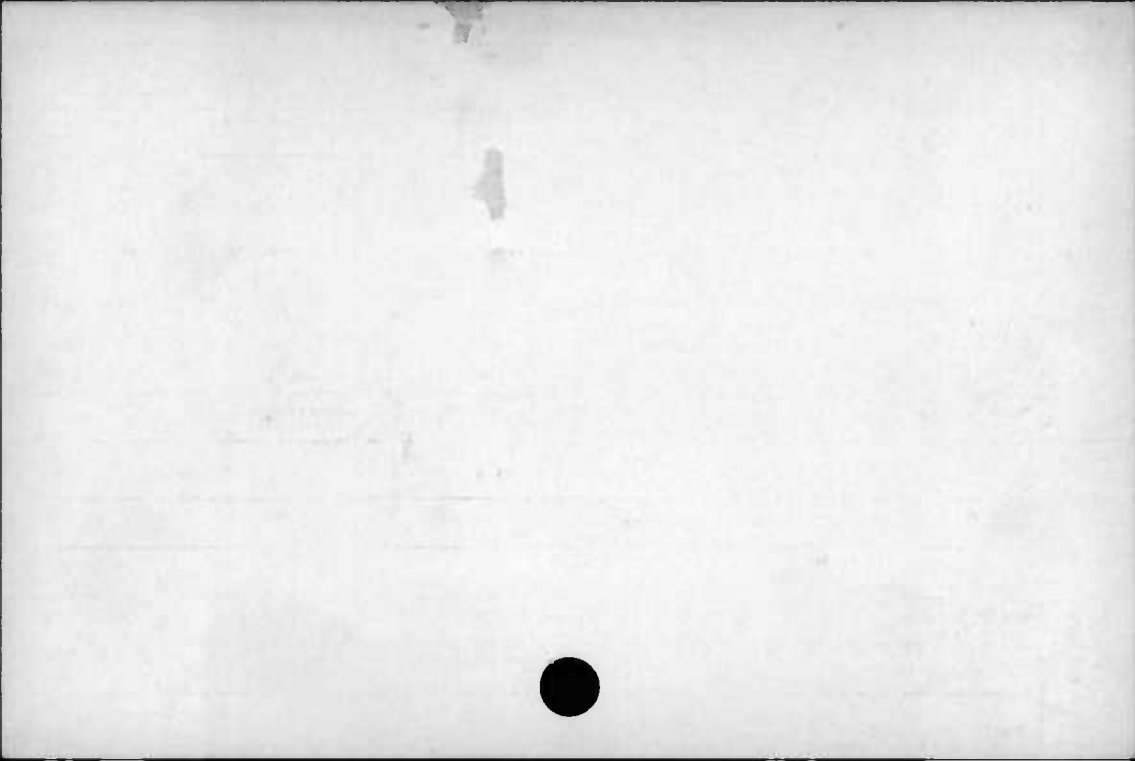
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Alleg.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>28</i>	Months <i>0</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W. Va.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Perry G. Cleam.</i>				
Father's Name <i>Moses Robertson</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Mollie Edwards</i>	Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Perry G. Cleam</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Tuberculosis Pulmonum</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L Broadbent M.D.</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>No</i>	<i>98 Va an. Md</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Click</i>		Town <i>Louisa</i>		County <i>Allegheny</i>		MARYLAND					
Died at <i>Louisa</i>		Month <i>Dec</i>		Day <i>30</i>		Years <i>2</i>		Months <i>7</i>		Days <i>1</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Louisa</i>					
Occupation <i>none</i>		Where Residing if not at place of death <i>Louisa</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Click Jr</i>									
Father's Name <i>John Click Jr</i>		Father's Birthplace <i>Louisa</i>									
Mother's Maiden Name <i>Amy Dellinger</i>		Mother's Birthplace <i>Pa</i>									
Name of person giving information <i>John Click</i>		How related to deceased <i>father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asphyxia</i>	How long <i>4 mos</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Skilling</i>
	Address <i>Louisa</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Bezialia Blosterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County

Died at near Cumberland Allegany

MARYLAND

Date of death 1905 Month Day 25 Age 7 Years Months Days

Sex Female Color or Race White Birth-place near Cumberland

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Henry Blosterman Father's Birthplace near Big

Mother's Maiden Name Louisa Thorne Mother's Birthplace W. Va.

Name of person giving information Henry Blosterman How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congestion of both lungs How long 6 or 8 hours -

Immediate " " " How long

Are the name, age, sex, color, date and place correctly given above?

yes

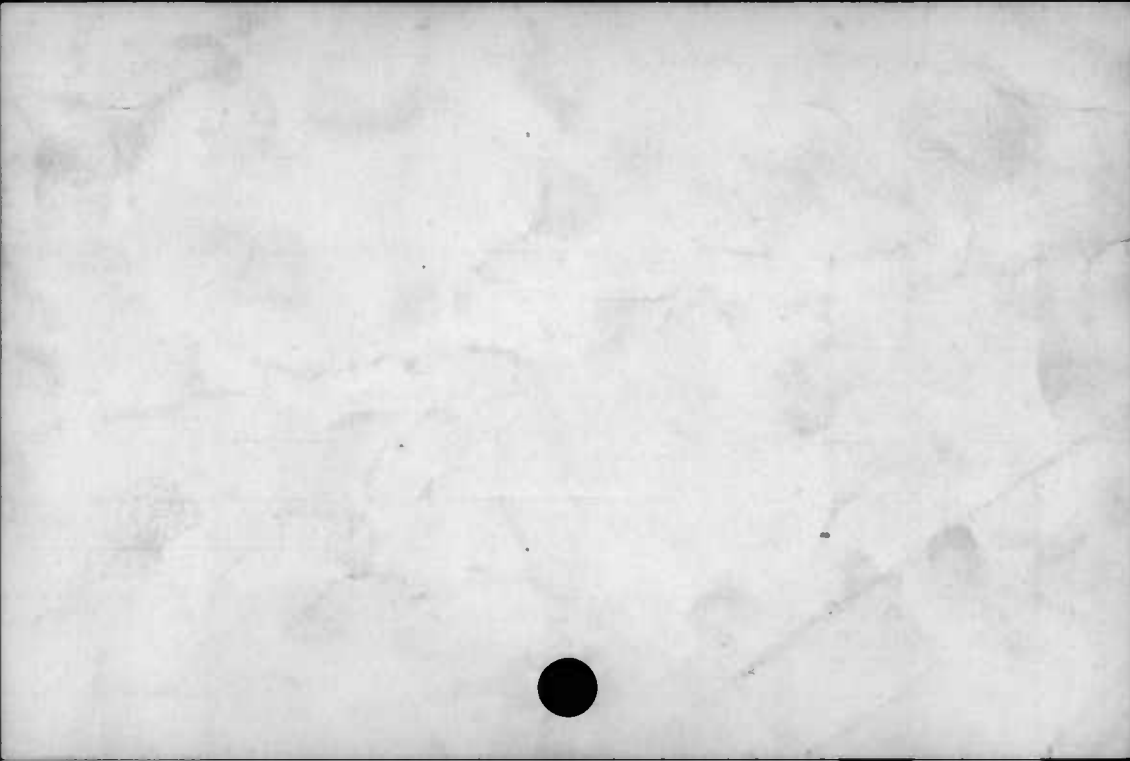
Signature of Physician

Address

Blue Creek

26424 N. W. 1st.

Accident or Suicide?



Name
in
Full

Hector bochrane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

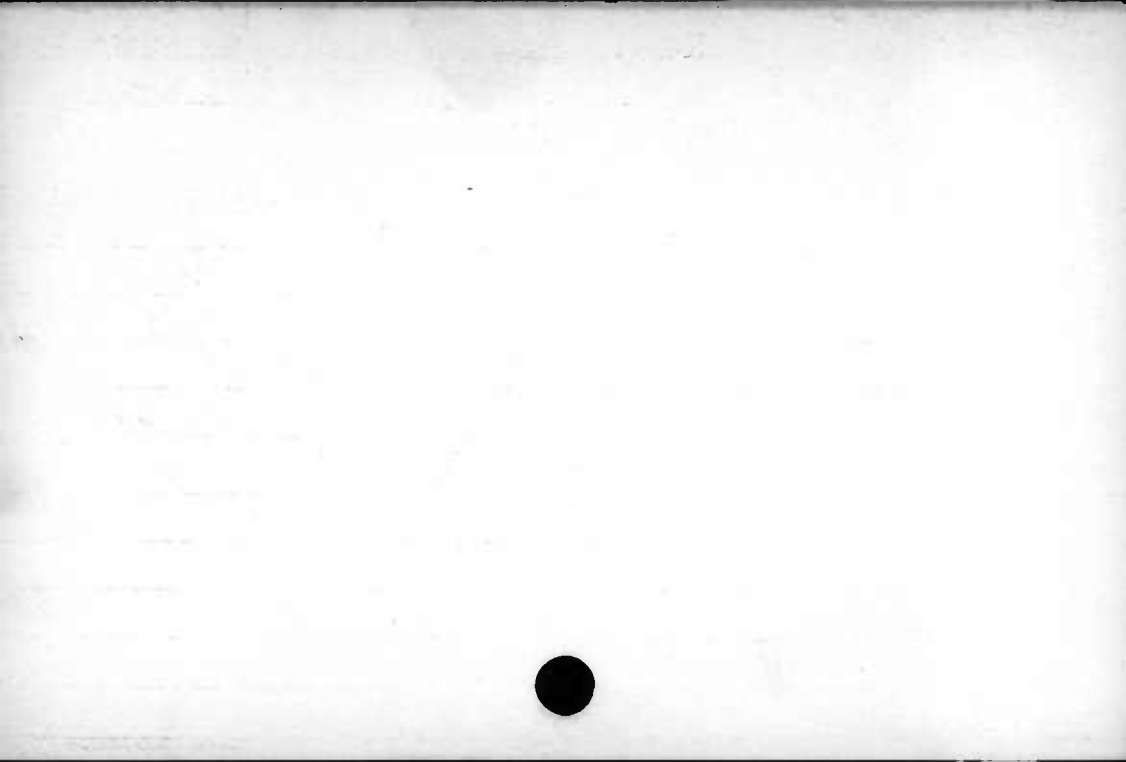
MARYLAND

Died at <i>Lonaconing</i>		County <i>allegany</i>	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>19</i>	Age <i>62</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>10</i>	Days <i>19</i>
Occupation <i>Janitor</i>	Where Residing if not at place of death		Birth-place <i>Scotland</i>
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Agnes Allan bochrane</i>		
Father's Name <i>Hector bochrane</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Jeannette broose</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs. Hector bochrane</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>4 years</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry W. Hodgson M.D.</i>
	Address <i>Lonaconing, Ind.</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

Conner

CERTIFICATE OF DEATH

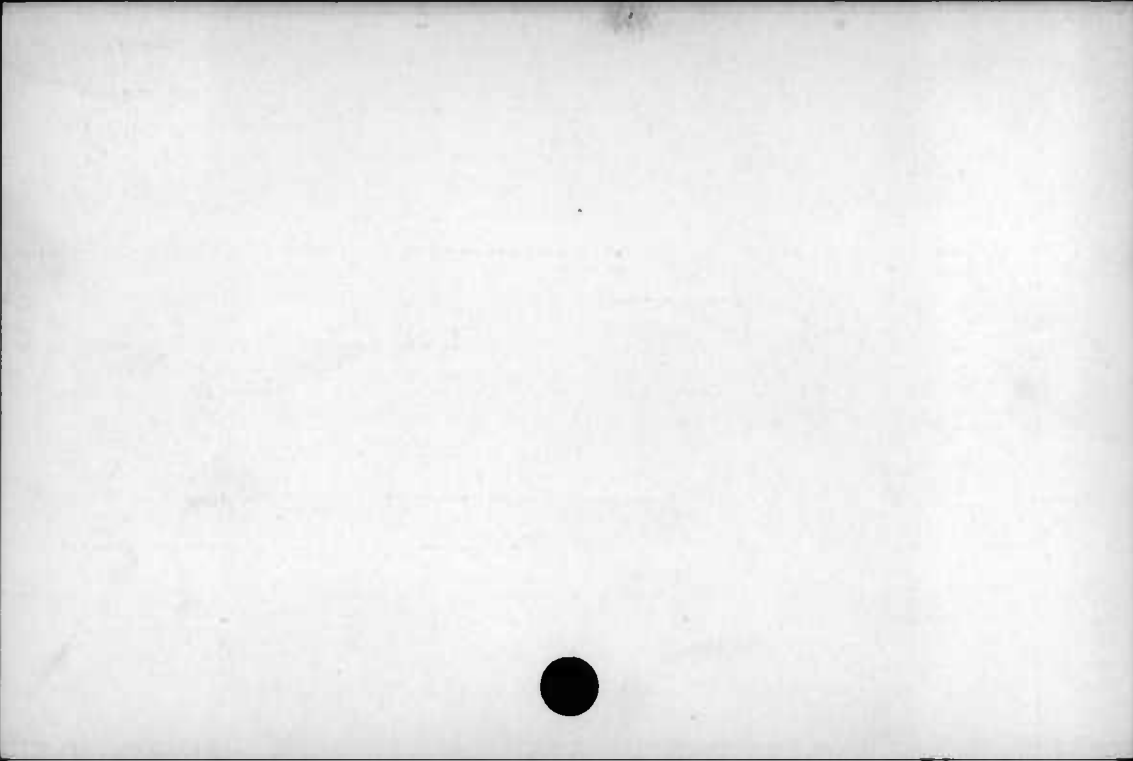
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Dec	27		3		
Sex		Color or Race		Birth-place			
Female		White		Cumberland Md			
Occupation				Where Residing if not at place of death			
Chitied				-			
Married, Single or Widowed		Name of Wife or Husband					
Single		-					
Father's Name				Father's Birthplace			
Chas. Conner							
Mother's Maiden Name				Mother's Birthplace			
Name of parson giving information				How related to deceased			
Chas. Conner				Father			

CAUSES OF DEATH

Primary	Diphtheria	How long	Some days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. J. Dupe	
		Address	
		Cumberland Md	
Accident or Suicide		was called to see father day of death	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

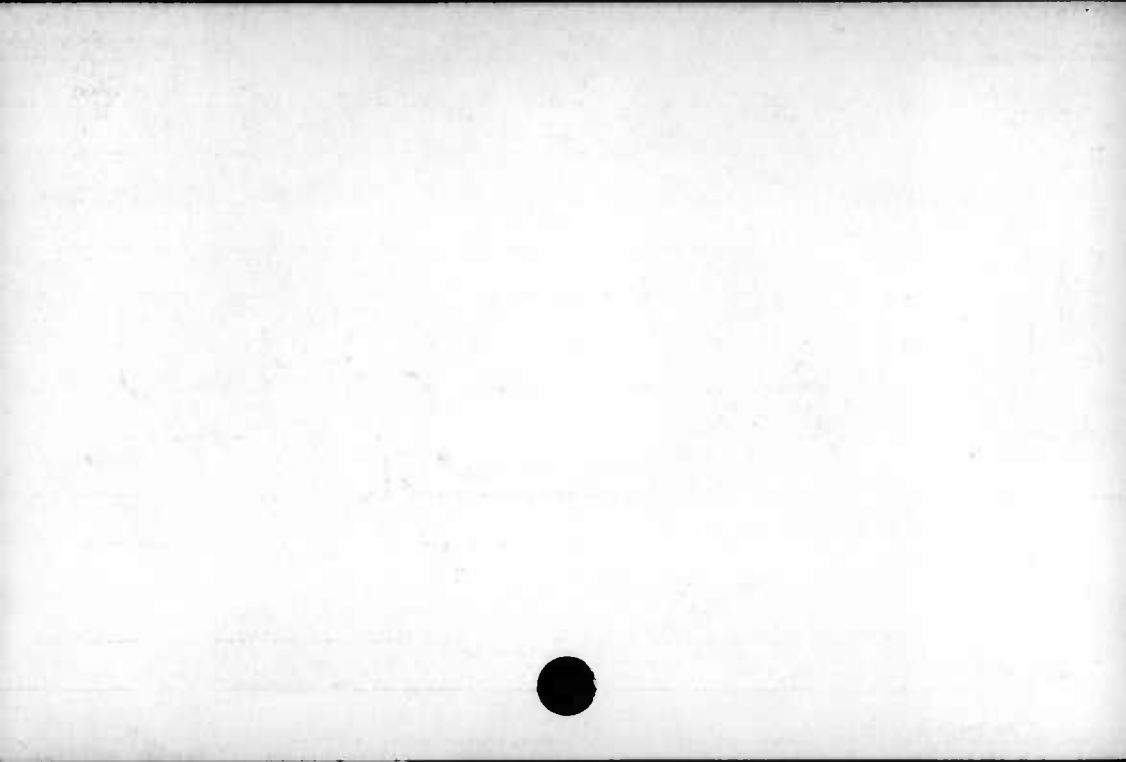
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> Town			<i>Conners</i> County			MARYLAND	
Date of death 190 <i>5</i>		Month <i>Dec</i>	Day <i>9</i>	Age <i>5</i> Years	Months	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Alleg Co</i>			
Married, Single or Widowed <i>L</i>				Occupation			
Name of Wife or Husband <i>L</i>							
Fether's Name <i>Wm Conners</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Martha Simmons</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving In formation <i>Wm Conner</i>				How related to deceased <i>Father</i>			

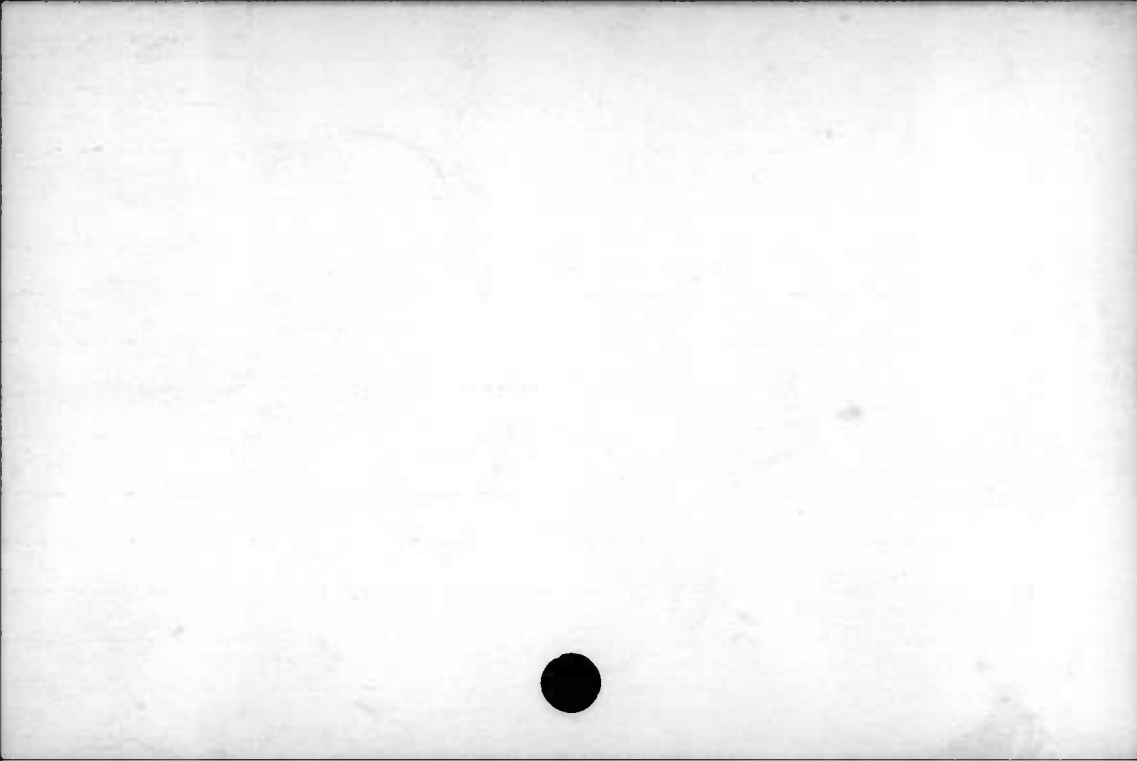
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still birth</i>	How long <i>L</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>A. A. Boucher</i>
	Address <i>Barton Md</i>
Accident or Suicide?	



Name in Full		MARGARET CONROY.						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Barton		County Alligany		MARYLAND			
	Date of death		1905	Month Dec	Day 24	Age	Years 2	Months 79	Days 19	
	Sex		Female		Color or Race		white		Birth-place	Barton, Md.
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name				Joseph Conroy.		Father's Birthplace			Barton Md.
PHYSICIAN OR CORONER	Mother's Maiden Name				Kate Reddington Conroy		Mother's Birthplace			Piedmont W. Va.
	Name of person giving information				Joseph Conroy		How related to deceased			Father.
	CAUSES OF DEATH									
	Primary				Cholera Infantum		How long			about 4 months
Immediate				Chronic Colitis		How long			...	
Are the name, age, sex, color, date and place correctly given above?				yes.		Signature of Physician				J. H. Gann M.D.
						Address				Barton Md.
Accident or Suicide?										



Name
in
Full

Edith Crowe

CERTIFICATE OF DEATH

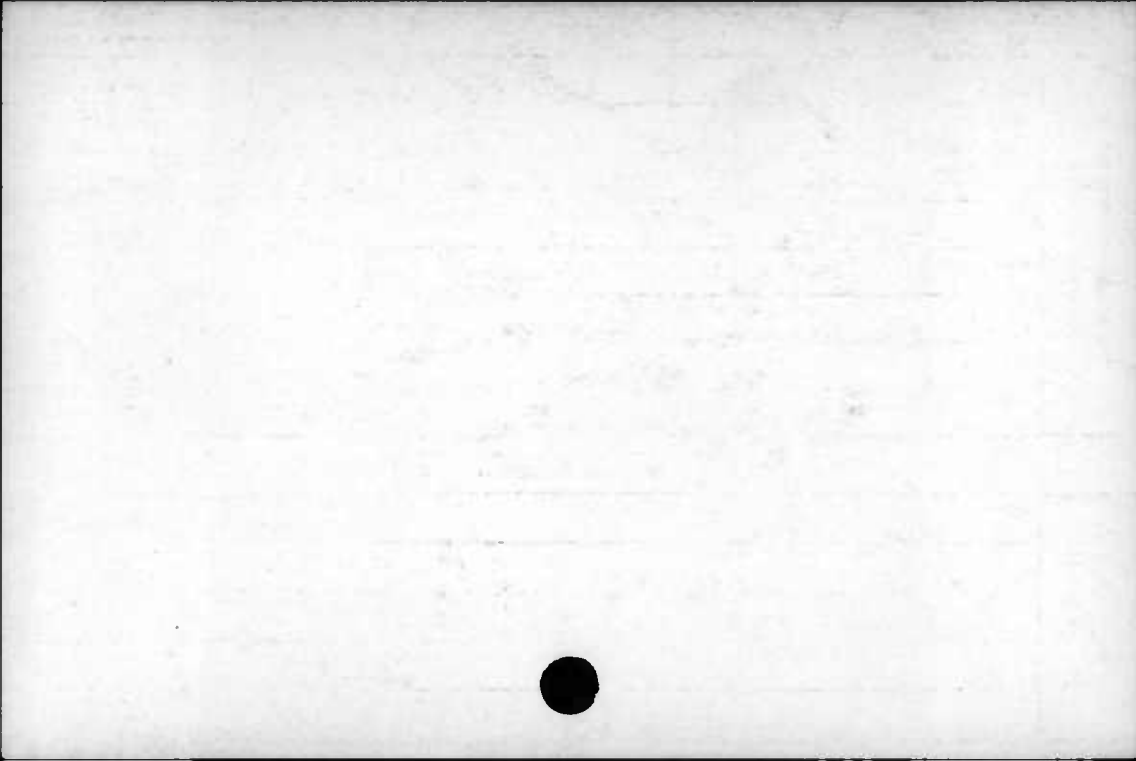
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Ind Savage		Allgemey					
Date of death	1906	Month	Dec	Day	10	Age	8
						Years	1
						Months	4
Sex	Female	Color or Race	White	Birth-place	Cumberland		
Occupation	Schoolgirl	Where Residing if not at place of death		Ind Savage Ind			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Thomas Crowe			Father's Birthplace	Ind Savage Ind		
Mother's Maiden Name	Mary Gaulty			Mother's Birthplace	Ind		
Name of person giving information	Thomas Crowe			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup	How long	24 hours
Immediate	Suffocation	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Alan E. Kuning M.D.
		Address	Ind Savage Ind
Accident or Suicide?	Accident		



Name
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Edward Daddyman

CERTIFICATE OF DEATH

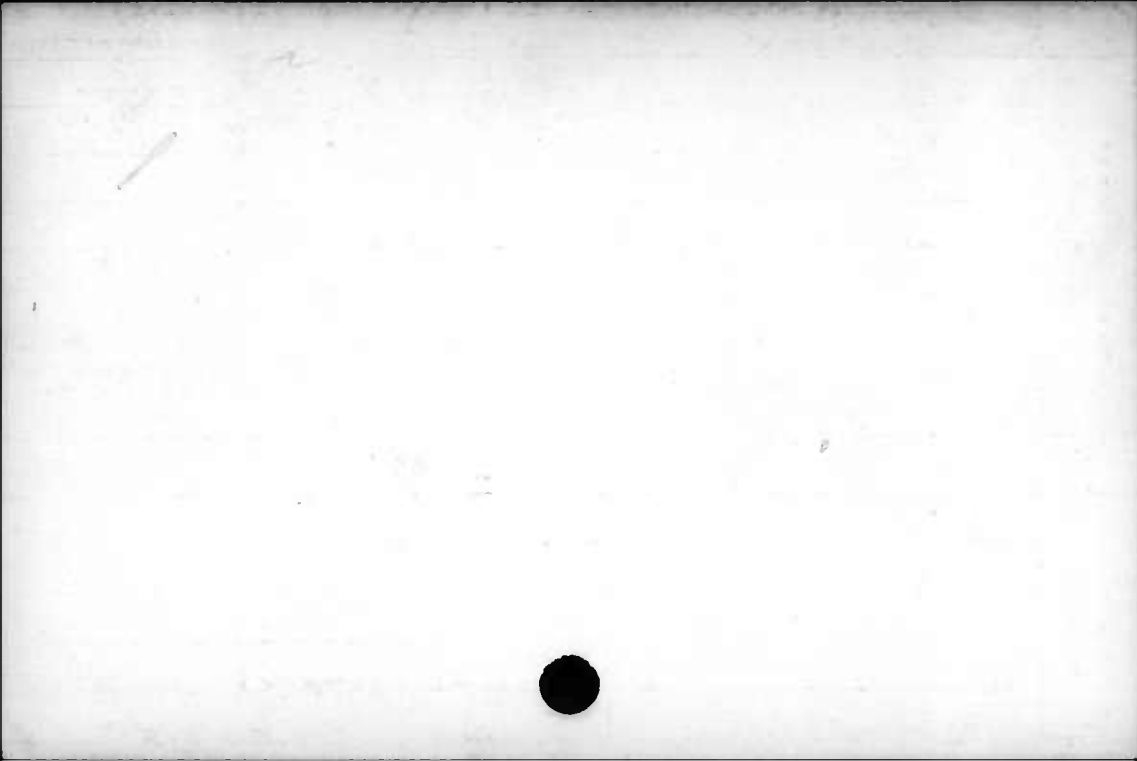
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		12	14	64			
Sex	male	Color or Race	White	Birth-place	Seaside		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William Daddyman			Father's Birthplace	Fredrick		
Mother's Maiden Name	Ellen Henderson			Mother's Birthplace	"		
Name of person giving information	Mr Daddyman			How related to deceased	Bro		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcohol Poisoning	How long	2 weeks
Immediate	Heart failure	How long	immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. B. Shupe
		Address	Westport
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frithbury ^{Town}		Allegheny ^{County}		MARYLAND	
Date of death 1905 Dec 18		Age 68		Months 8	Days 26
Sex M	Color or Race White	Birth-place Wales			
Occupation Super of Orleans Court House		Where Residing if not at place of death —			
Married, Single or Widowed Married	Name of Wife or Husband Sarah Price Dando				
Father's Name Wm Dando		Father's Birthplace England			
Mother's Maiden Name Appleton		Mother's Birthplace England			
Name of person giving information James Dando		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile debility	How long 2 years
Immediate Chronic Gastro-enteritis	How long 8 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. C. Coker Address Frithbury, Md.
Accident or Suicide? No	

John

Allan Cunnely -

Name

in
Full

CERTIFICATE OF DEATH

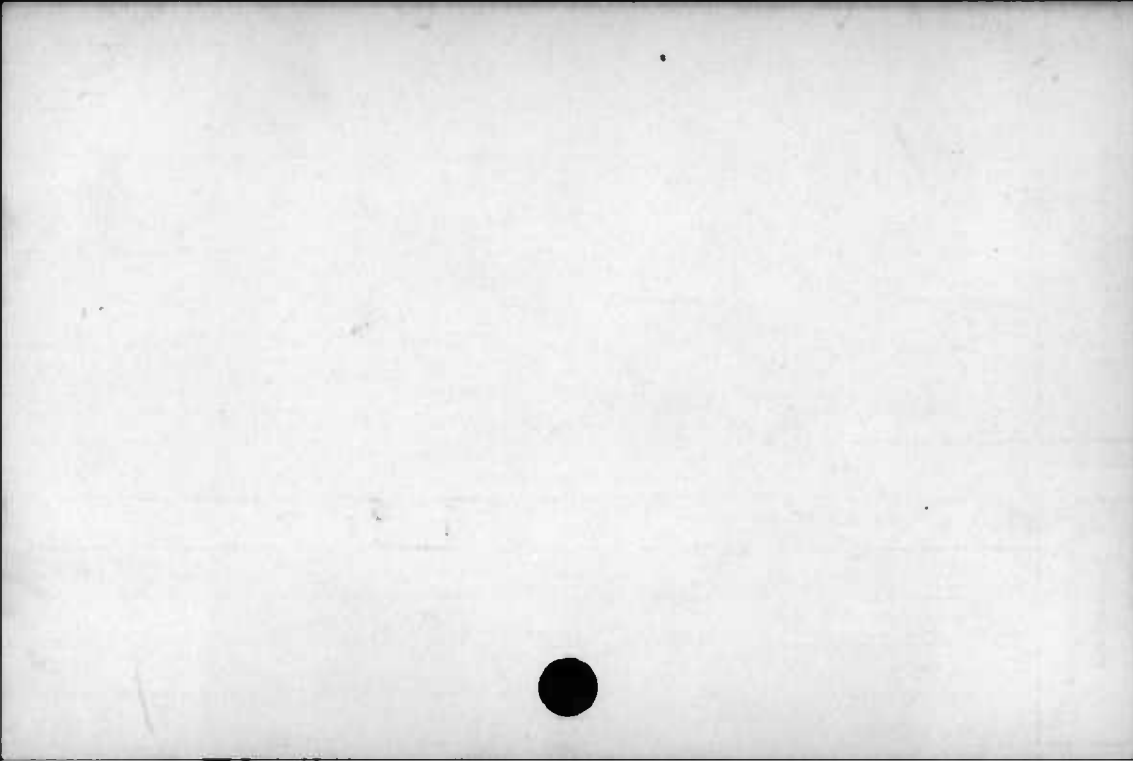
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	Month	<u>Dec</u>	Day	<u>8</u>
Age	<u>52</u>	Years	<u>52</u>	Months	
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	
Occupation	<u>Tailor</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>widower</u>	Name of Wife or Husband			
Father's Name	<u>—</u>		Father's Birthplace		
Mother's Maiden Name	<u>—</u>		Mother's Birthplace		
Name of person giving information	<u>M L Dorn</u>			How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Mitral Regurgitation of heart</u>	How long	<u>about 8 months</u>
Immediate	<u>Heart failure</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. J. Dure MD</u>
		Address	<u>Cumberland Ind</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

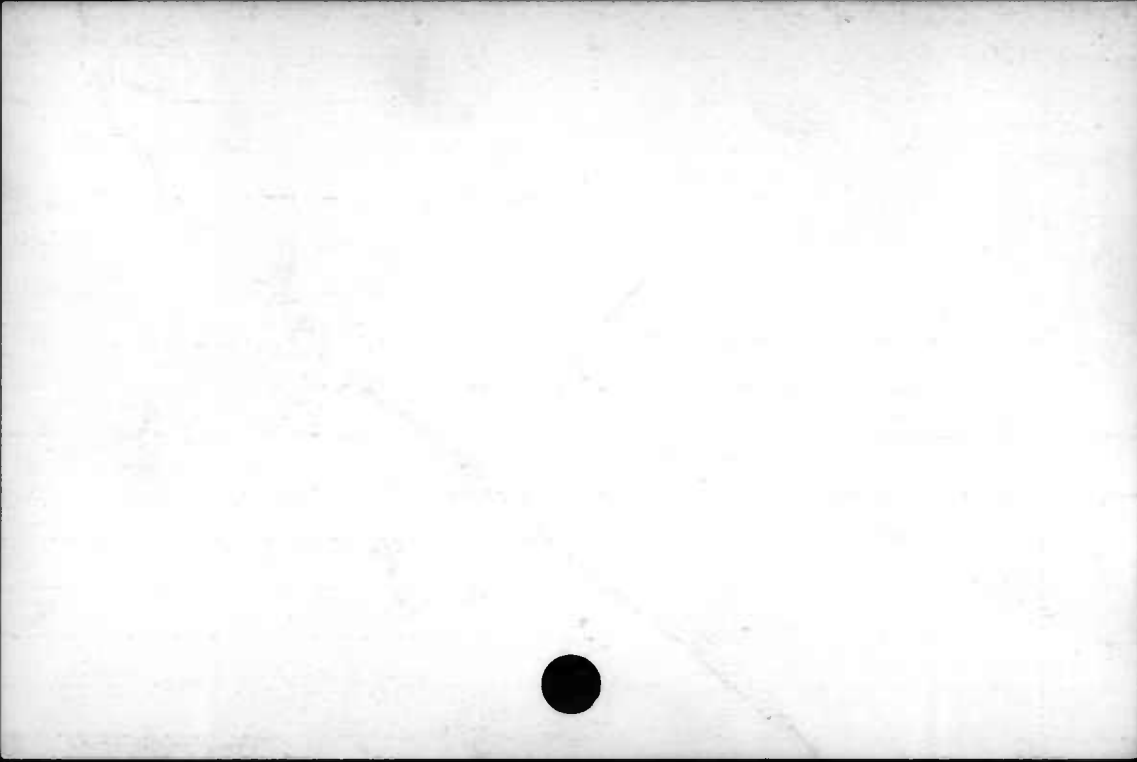
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Celia Hendra Duckworth</i>		Town <i>Lonaconing</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Lonaconing</i>		Date of death <i>1905</i>		Age <i>28</i>		Months <i>7</i>	
Month <i>Dec</i>		Day <i>3</i>		Years <i>28</i>		Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>			
Occupation <i>Invalid</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>G. Ellis Duckworth</i>					
Father's Name <i>Christopher Hendra</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Elizabeth Brown</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Mrs. Eliza Wilson</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>One year</i>
Immediate <i>Haemilia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry M. Hodgson M.D.</i>
	Address <i>Lonaconing, Ind.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

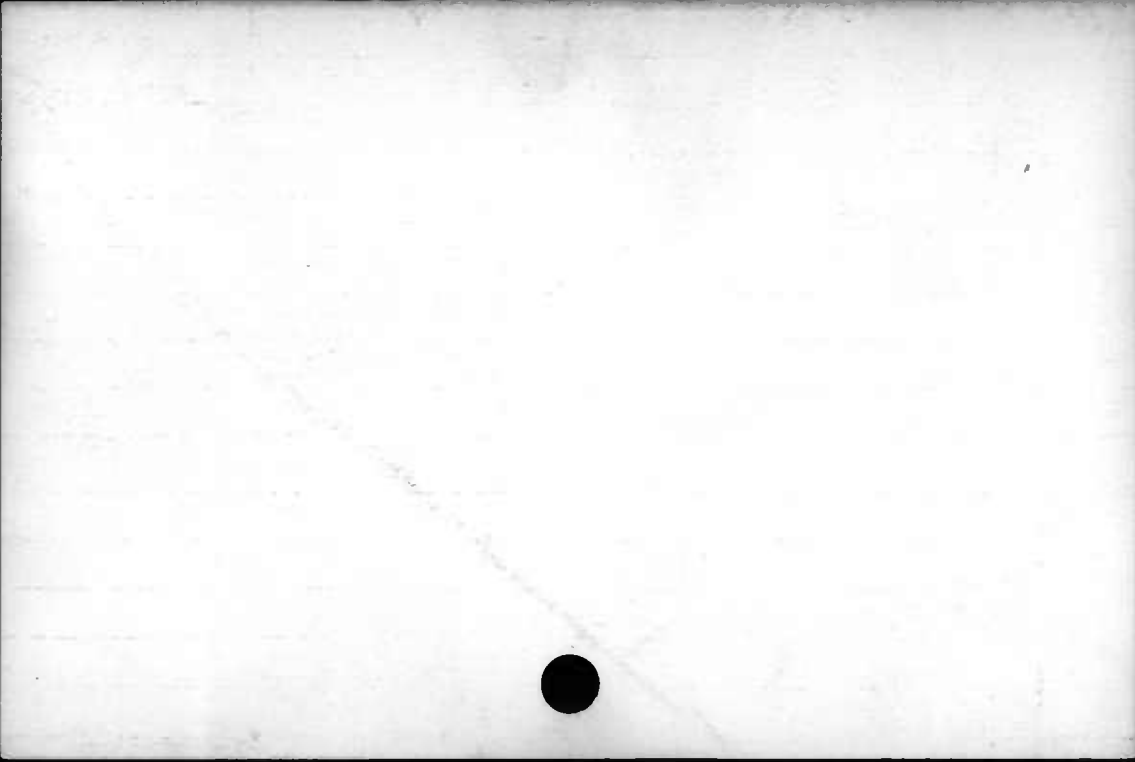
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie Blackworth</i>		Town <i>Loracoring, Md.</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Loracoring, Md.</i>		Month <i>Dec</i>		Day <i>1</i>		Year <i>1905</i>	
Date of death <i>1905 Dec 1</i>		Age <i>13</i>		Months <i>7</i>		Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Loracoring</i>			
Occupation <i>Schoolgirl</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Archibald Blackworth</i>		Father's Birthplace <i>Loracoring, Md.</i>					
Mother's Maiden Name <i>Janet Barthen</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs Arch Blackworth</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Asthma</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Hodgson</i>	
		Address <i>Loracoring, Md.</i>	
Accident or Suicide? <i>No.</i>			



Name

in
Full

CERTIFICATE OF DEATH

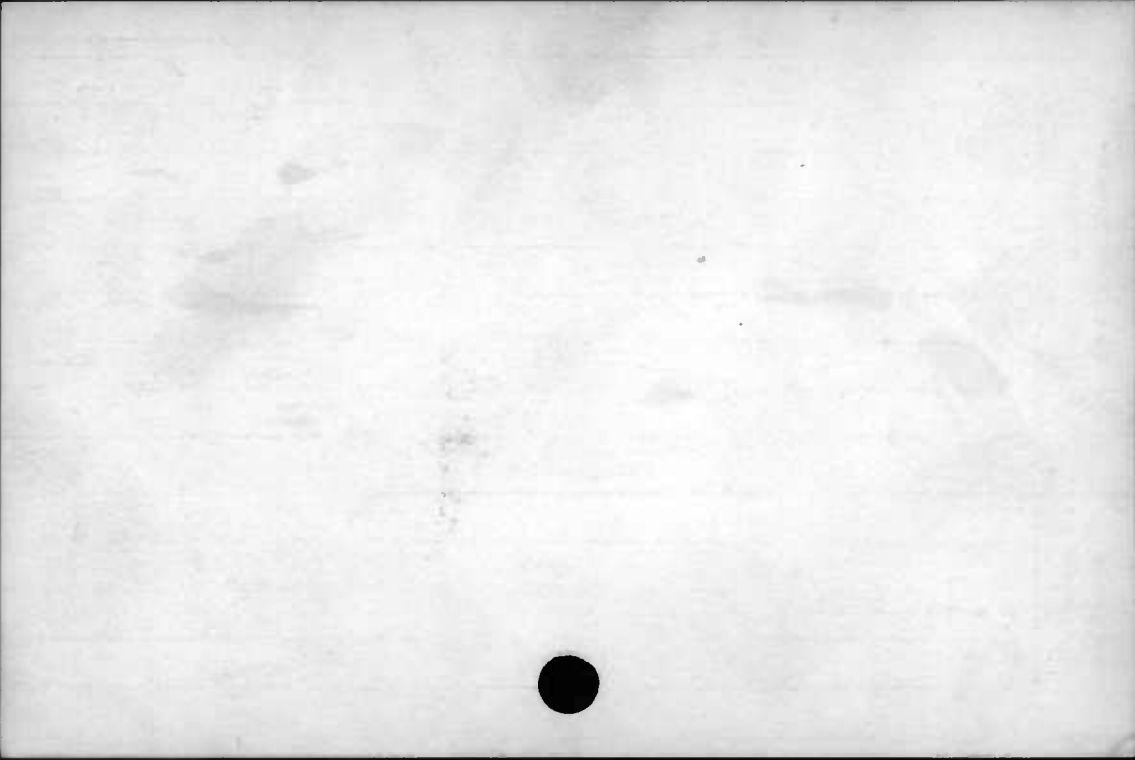
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carlos</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1905	Month	12	Day	26
Age		Years		Months	6
Sex	M.	Color or Race	W.	Birth-place	Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>4 months</i>
Immediate	<i>Meningitis</i>	How long	<i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. W. M. Lane</i>		
	Address <i>Frostburg Md</i>		
Accident or Suicide?			



Name
in
Full

Martha Nicholson Gardner

CERTIFICATE OF DEATH

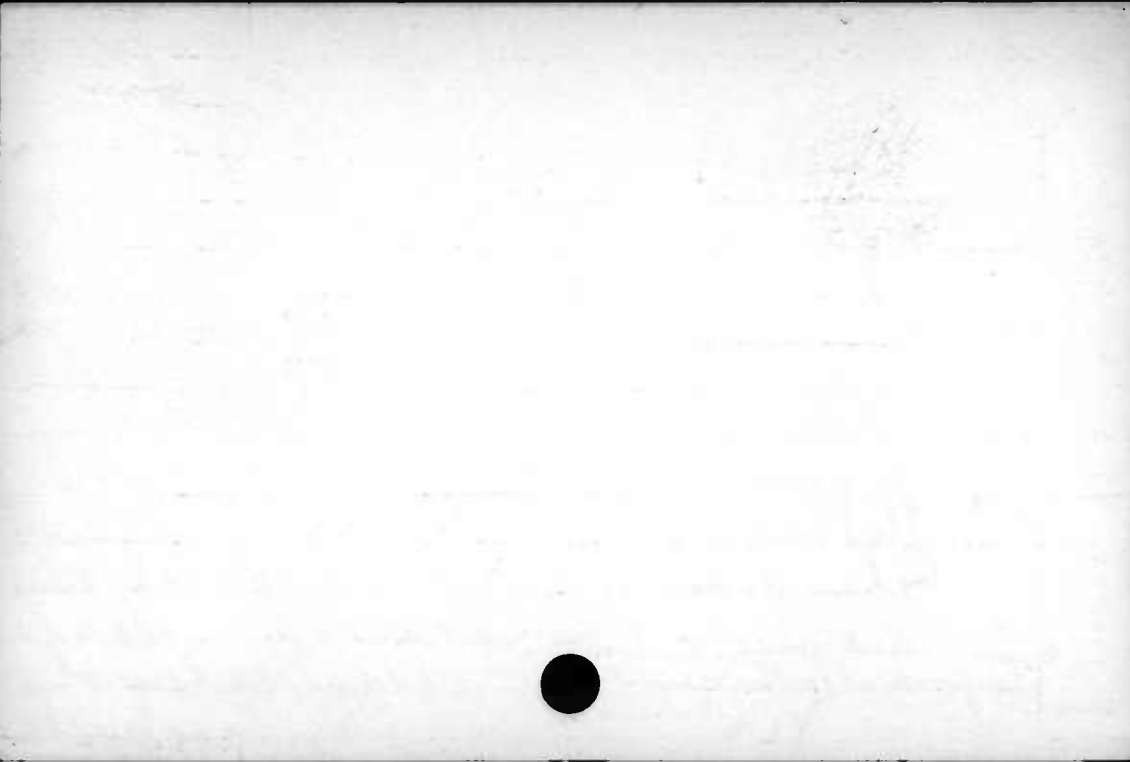
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lonaconing		County Allegany		MARYLAND	
Date of death	1905	Month Dec	Day 18	Age	83	Months 0	Days 28
Sex	Female		Color or Race	White		Birth- place	England
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband John Gardner				
Father's Name	Joseph Nicholson					Father's Birthplace	England
Mother's Maiden Name	Jane Nicholson					Mother's Birthplace	"
Name of person giving Information	Mrs. Gardner					How related to deceased	Daughter in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of throat		How long	8 months
Immediate	Asthma, pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Henry M. Hodgson	
			Address Lonaconing, Ind.	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Maggie J. Glick

Town *Chesb* County *md* MARYLAND

Died at *Chesb*

Date of death *1905* Month *Dec* Day *22* Age *50* Years Months Days

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *Wife* Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Joe Glick*

Father's Name *F. M. Gramlich* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Saw patient once 24 hrs before death never under Drs*

Accident or Suicide? *No*

How long *Been Sick 6 months*

How long *2 weeks*

Signature of Physician *Geo. L. Lander*

Address *Cambridge Maryland*

180
123
330
653

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Report of *brother (M. M.)*

Died at *Westernport* Town

Allegheny County

MARYLAND

Date of death *1905* Month *12*

Day *27*

Age *—* Years

Months *—*

Days *—*

Sex *Male*

Color or Race *White*

Birth-place *Md.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Chas. D. Groves*

Father's Birthplace *Maryland*

Mother's Maiden Name *Ella Shumaker*

Mother's Birthplace *Maryland*

Name of person giving information *Chas. D. Groves*

How related to deceased *Sister*

CAUSES OF DEATH

Primary *Stillborn*

How long *—*

Immediate *—*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

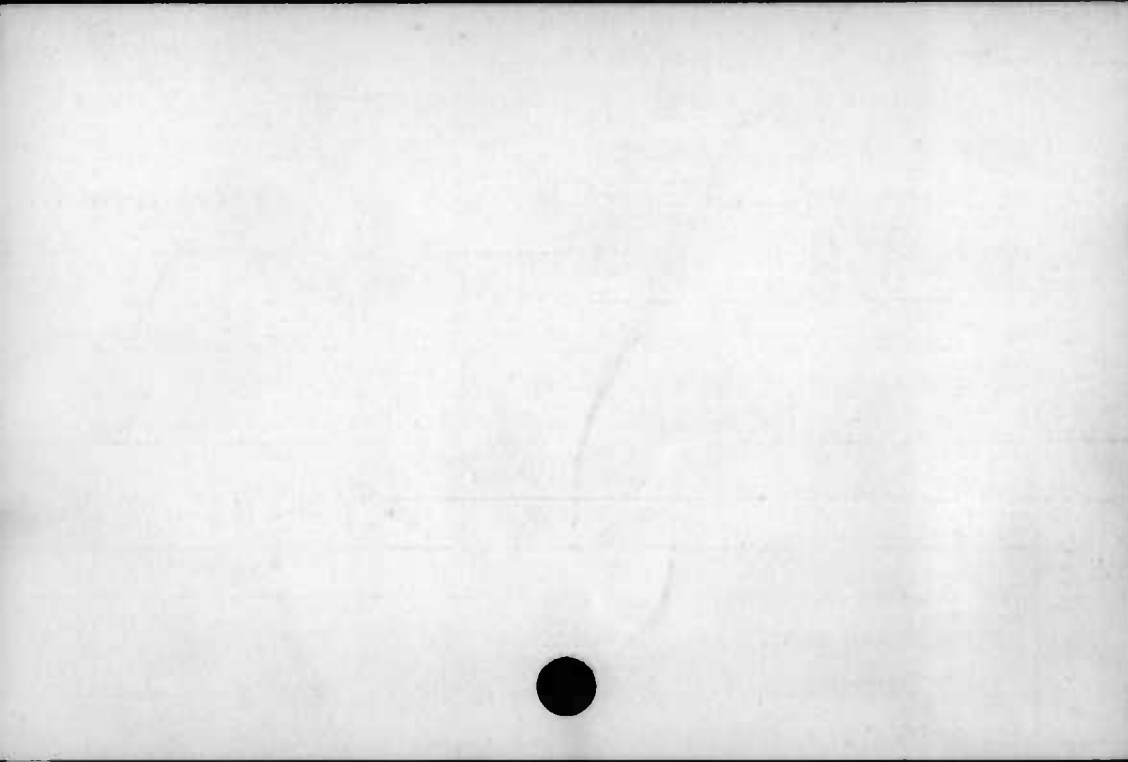
Signature of Physician

Address

J. L. Kallman
Bedford
W. Va.

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
in
Full

Alice D Hagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND						
Date of death	190	Month	12	Day	24	Age	54	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Maryland			
Occupation	Boarder			Where Residing if not at place of death						
Married, Single or Widowed	Widow		Name of Wife or Husband	Jacob Hagan						
Father's Name						Father's Birthplace				
Mother's Maiden Name						Mother's Birthplace				
Name of person giving information	Tom Hight					How related to deceased	Nephew			

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	about 2 years
Immediate	Heart failure	How long	6 or 8 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. D. Shupe	
Address		Westernport Md	
Accident or Suicide?			



Name
in
Full

Elizabeth S Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Frostburg</u>		County <u>Alleghany</u>		MARYLAND	
Date of death <u>1905</u> <u>12</u> <u>8</u>		Age <u>15</u>		Months <u>7</u> Days <u>13</u>	
Sex <u>L</u>		Color or Race <u>N</u>		Birth-place <u>Md</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Ulysses Hanna</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Mary Hanna</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

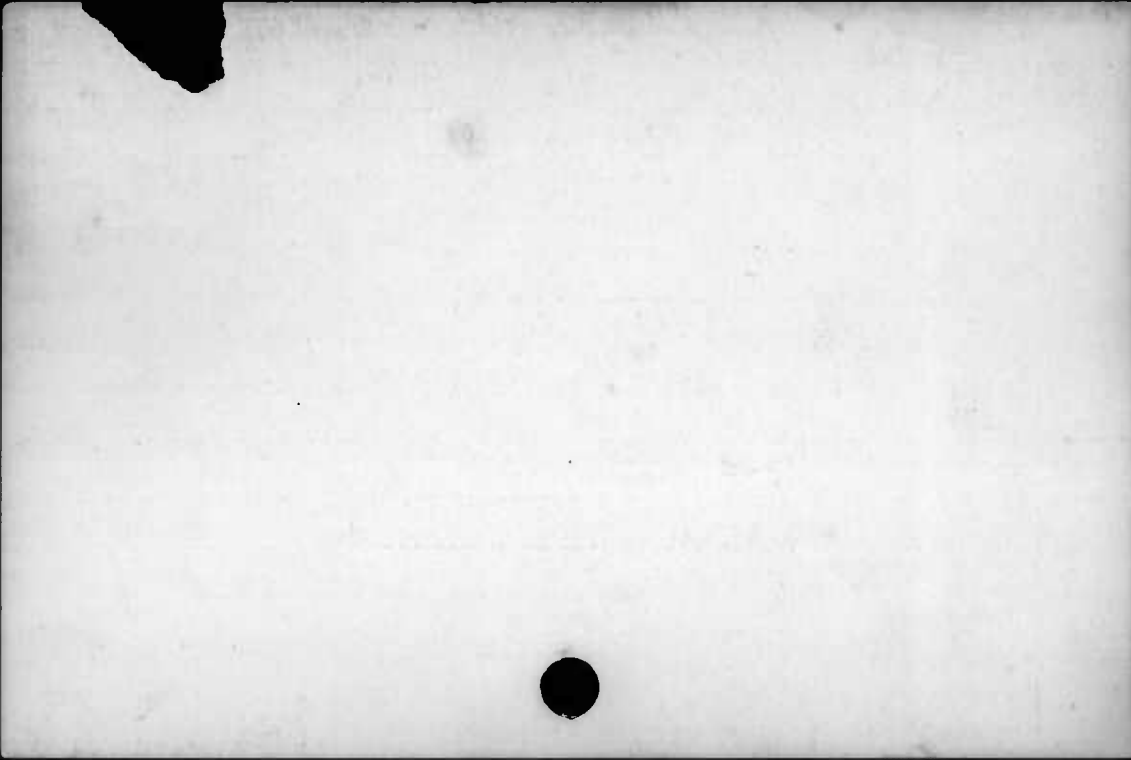
Primary <u>Typhoid Fever</u>	How long <u>11 Days</u>
Immediate <u>Acute Meningitis</u>	How long <u>1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. H. M. Lane</u>
	Address <u>Frostburg Md</u>
Accident or Suicide?	

gom

Name in Full		Harry T. Haus		County		CITY OF DEATH	
Died at		Mar Martinsburg B & O.		TOWN		MARYLAND	
Date of death		1905	Dec.	18	Age	27	Months Days
Sex		Male		Color or Race		White	
Occupation		R.R. Fireman		Birth- place		My Sroage Md	
Where Residing if not at place of death		South Cumberland Md.					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Perry T. Haus		Father's Birthplace		Somerset Co. Pa	
Mother's Maiden Name		Ida Woodward		Mother's Birthplace		Frederick Md	
Name of person giving Information		Saml. C. Haus		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	R.R. Accident	How long	Instantly
	Immediate	Same	How long	Same
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		C. Woodard Lueders M.D.	
Address		Mrs. Sroage Md.		
Accident or Suicide?		Accident		



Name
in
Full

Michael Hill

CERTIFICATE OF DEATH

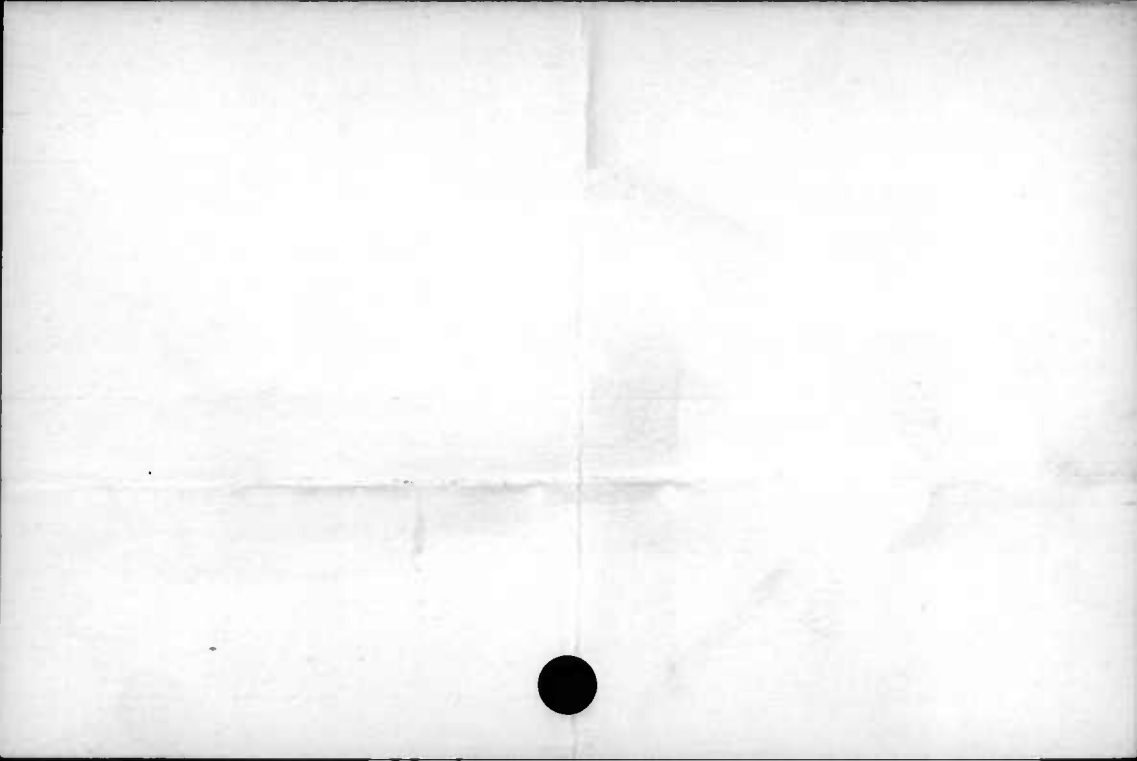
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> -	Month <i>12</i>	Day <i>9</i>	Age <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Midland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Hill</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Della Montgomery</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Della Hill</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>one day</i>
Immediate <i>Convulsion</i>	How long <i>Thirty hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Carpenter</i>
	Address <i>Midland Md</i>
Cause of Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

John W Hummelwright

Town

County

Died at

Eckhart Mines

Allen

MARYLAND

Date

of death 1905

Month

Dec

Day

18

Age

Years

64

Months

8

Days

18

Sex

male

Color or
Race

white-

Birth-
place

Va

Occupation

Laborer

Where Residing if not
at place of death

-

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary Sheel

Father's
Name

Jas Hummelwright

Father's
Birthplace

-

Mother's
Maiden Name

not known

Mother's
Birthplace

-

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Probably Cancer of the bladder

How long

7 yrs

Immediate

Cystitis

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

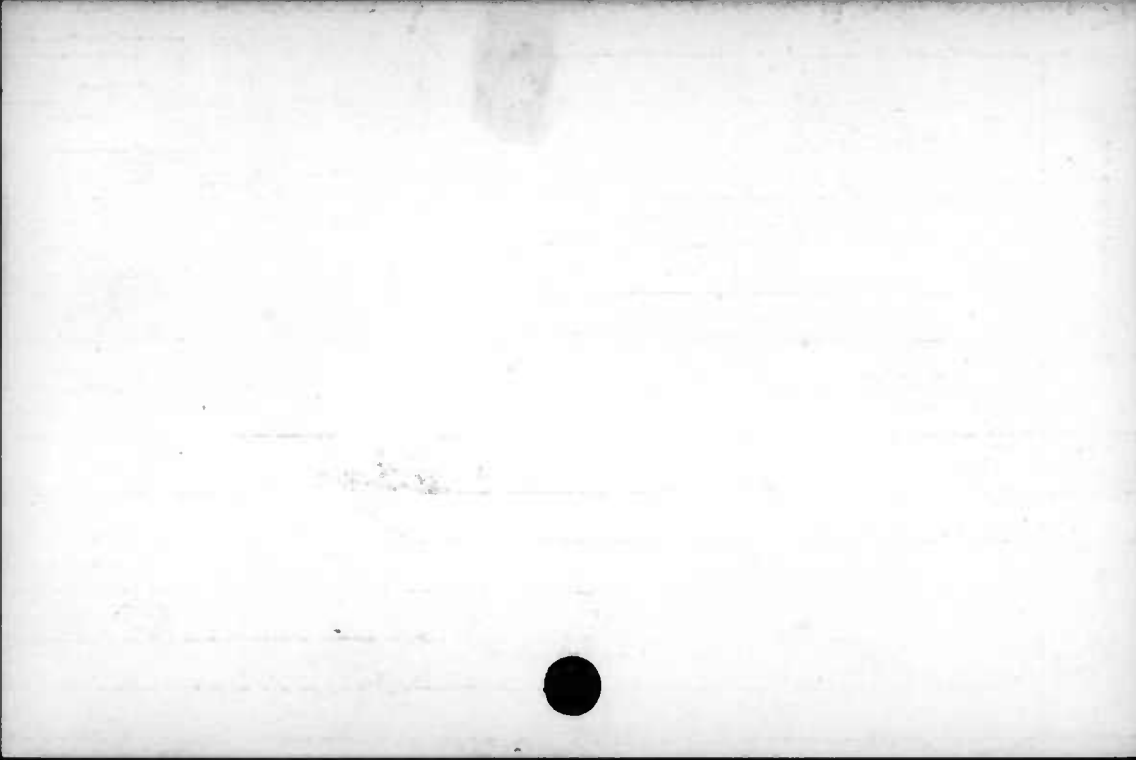
B M Cromwell M D

Eckhart Mines

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Angela Hopkins

Town

County

Died at *Camtd*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1905 Dec**16*

Age

*—**7**—*Sex *Female*Color or
Race*White*Birth-
place*Camtd*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Patrick Hopkins*Father's
Birthplace*Ireland*Mother's
Maiden Name*Mary Kemper*Mother's
Birthplace*Camtd*Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Indigestion

How long

Sev. Mos

Immediate

Exhaustion

How long

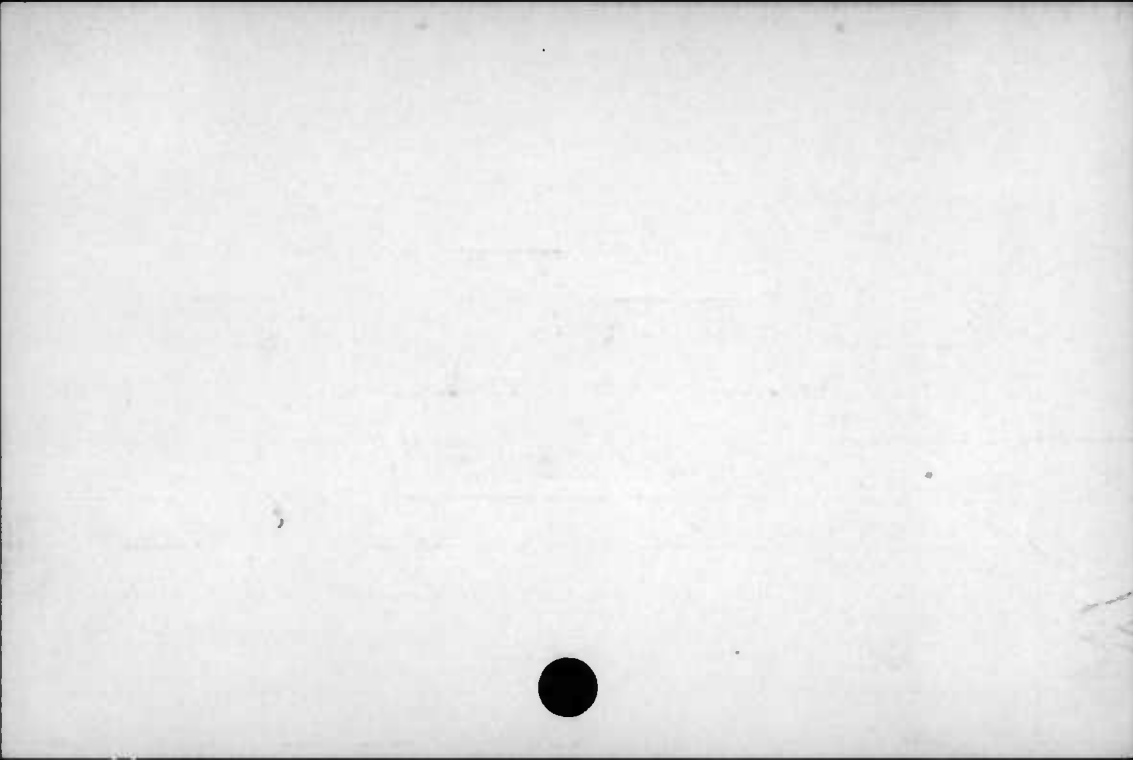
*10 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. A. Broadnax**Camtd Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Virgil Hovermale - 12/1/I.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chimberlands</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND		
Date of death	190 <u>5</u>	Month <u>12</u>	Day <u>28</u>	Age <u>17</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth- place
Occupation	<u>Laborer</u>		Where Residing if not at place of death		<u>Deepuz Creek W. Va</u>	
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband			
Father's Name	<u>J. O. Hovermale</u>		Father's Birthplace		<u>W. Va</u>	
Mother's Maiden Name	<u>Virginia Mc Bee</u>		Mother's Birthplace		<u>W. Va</u>	
Name of person giving Information	<u>J. O. Hovermale</u>		How related to deceased		<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gun shot wound in thigh & groin</u>	How long	<u>1 Month</u>
Immediate	<u>Shock loss of blood</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. K. Hawkins</u>		
	Address <u>Chimberlands</u>		
Accident or Suicide?	<u>Accidental</u>		



Name
in
Full

Harriet Bathrine Johnson

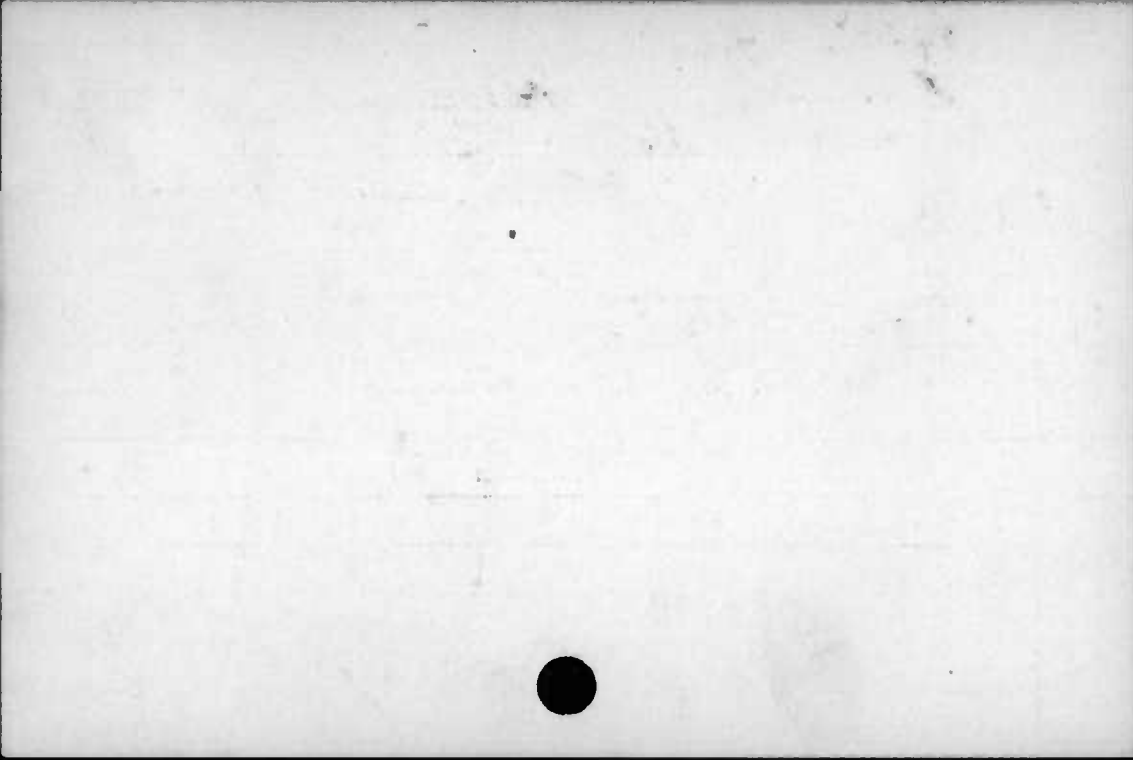
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bumt</i>		Town		County		MARYLAND					
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>12</i>		Age <i>4</i>		Months <i>2</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bumt</i>							
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>							
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>							
Father's Name <i>Edward Johnson</i>				Father's Birthplace <i>Ellerslie</i>							
Mother's Maiden Name <i>Josephine Griffith</i>				Mother's Birthplace <i>"</i>							
Name of person giving information <i>Mrs Johnson</i>				How related to deceased <i>Mother.</i>							

CAUSES OF DEATH

Primary <i>Diphtheria</i>		How long <i>8 days</i>	
Immediate <i>Cardiac paralysis</i>		How long <i>few minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. H. Brace</i>	
		Address <i>Lancaster Ind</i>	
<i>Accident or Suicide?</i>			



Name
in
Full

Allen Jones

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Frostburg*

Adelphi

Date of death 1905 12 16

Age 54 51

Months

Days

8

4

Sex

male

Color or Race

white

Birth-place

U. S.

Occupation

Coalminer

Where Residing if not at place of death

Home

Married, Single or Widowed

M

Name of Wife or Husband

Mattie Jones

Father's Name

Hamlet Jones

Father's Birthplace

U. S.

Mother's Maiden Name

Eliza Jones

Mother's Birthplace

U. S.

Name of person giving information

Wife

How related to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Brights

How long

Two years

Immediate

Heart Failure

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thomas F. O'Rourke

Address

Frostburg

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

C. H. C.
Rumby Wroa

Name
in
Full

Mary A. Hegg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>19</i>	Years <i>70</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ohio</i>			
Occupation <i>Home Keeper</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>-</i>		Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>-</i>			
Name of person giving information <i>Wm. Hegg</i>		How related to deceased <i>Son -</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos McDonald</i>
	Address <i>W. Cumberland Md.</i>
Accident or Suicide? <i>Rose Hill</i>	

Barnes

5 children

Name
in
Full

CERTIFICATE OF DEATH

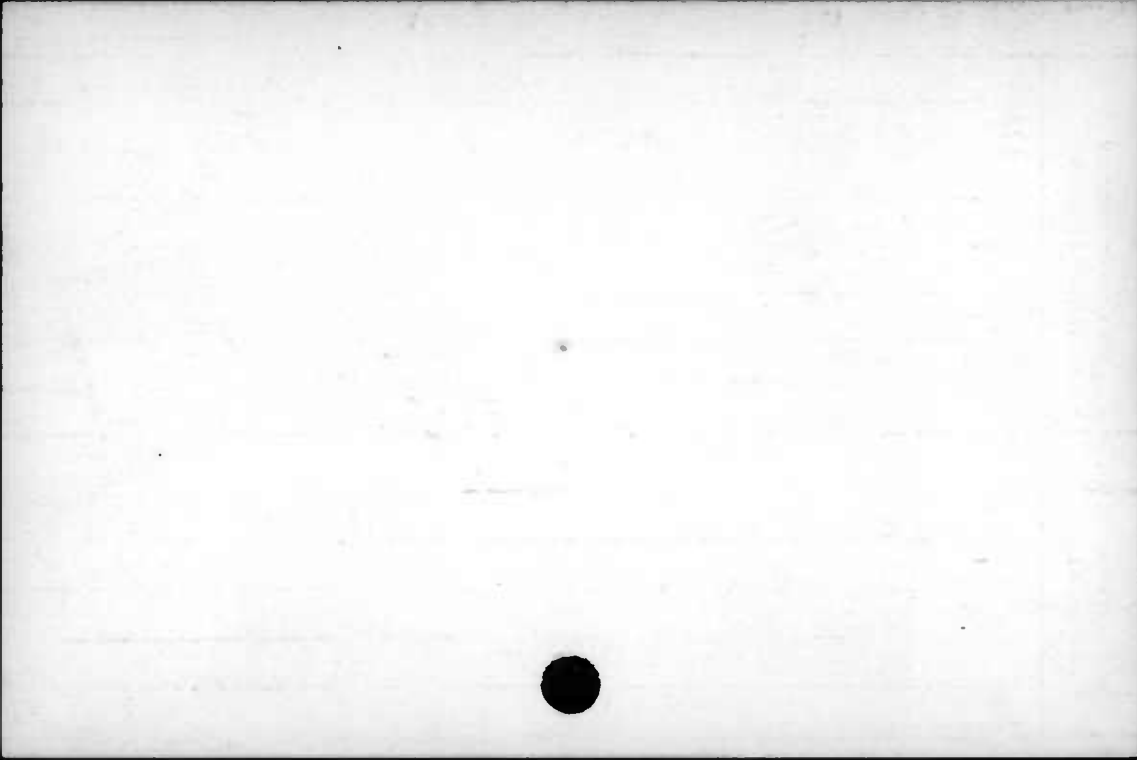
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>27</u>	Age <u>1</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cumberland</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles Kelly</u>			Father's Birthplace <u>va</u>		
Mother's Maiden Name <u>Mary Hogan</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Mrs. Char. Kelly</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>One week</u>
Immediate <u>meningitis</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature Physician <u>F. W. Hochmanus</u>
	Address <u>for 212 Pine St. Cumberland Md</u>
Accident or Suicide? <u>—</u>	




Name
in
Full

Robert A Kerns

CERTIFICATE OF DEATH

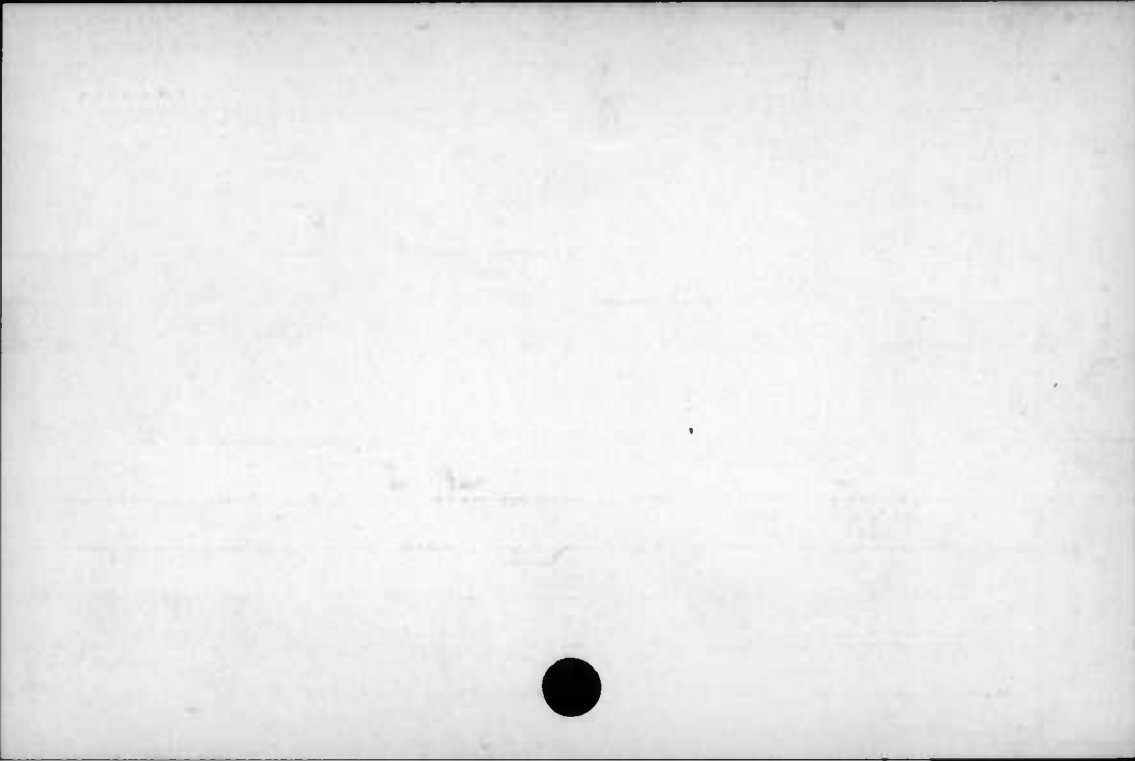
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>24</i>	Age <i>40</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fulton Co Pa</i>				
Occupation <i>Bridge carpenter</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie Kerns</i>					
Father's Name <i>Robert A Kerns Sr.</i>			Father's Birthplace <i>Allegheny Co Md</i>				
Mother's Maiden Name <i>Dead</i>			Mother's Birthplace				
Name of person giving information <i>Wm H Kern</i>					How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shock from P.R. injury</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr W W Wiley</i>
	Address <i>Camden Md</i>
Accident or Suicide?	



Name
in
Full

David Lamb

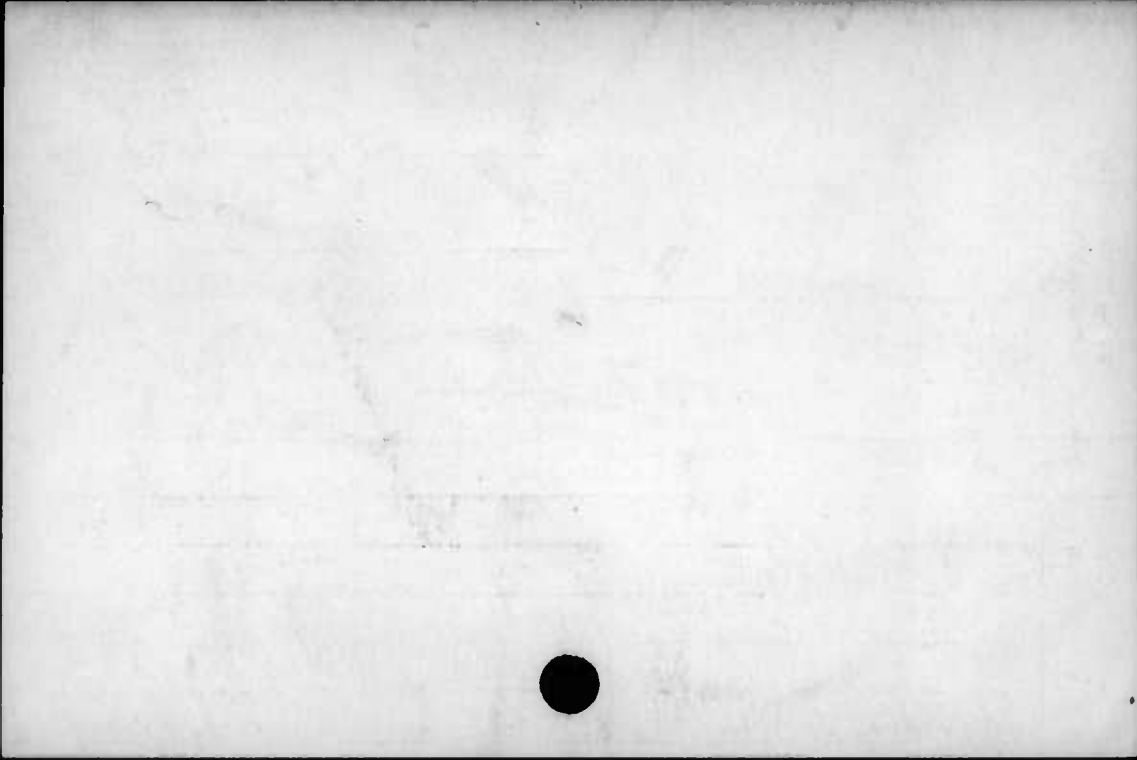
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>12</i>	Day <i>8</i>	Age <i>34</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>R.R. Conductor</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Sallie Knight Lamb</i>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Maurice Lamb</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>4 years</i>
Immediate <i>Paralysis</i>	How long <i>4 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.A. Shuey</i>
	Address <i>Piedmont W. Va.</i>
Accident or Suicide? <i>no.</i>	



Name
in
Full

Elizabeth Zernmunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Savage		County Alleghany		MARYLAND	
Date of death		1905	Month Dec	Day 5	Age 58	Years	Months Days
Sex	Female		Color or Race	White		Birthplace	Maryland
Occupation	Housewife		Where Residing if not at place of death		Mt Savage Md		
Married, Single or Widowed	Married		Name of Wife or Husband	Jacob Zernmunt			
Father's Name	William Arthur		Father's Birthplace	England			
Mother's Maiden Name	Maynard Evans		Mother's Birthplace	Wales			
Name of person giving information	John Zernmunt		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	3 weeks
Immediate	Pneumonia		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician F. Alan E. Manning	
			Address Mt Savage	
Accident or Suicide?		Accidental		



Name
in
Full

Charles McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

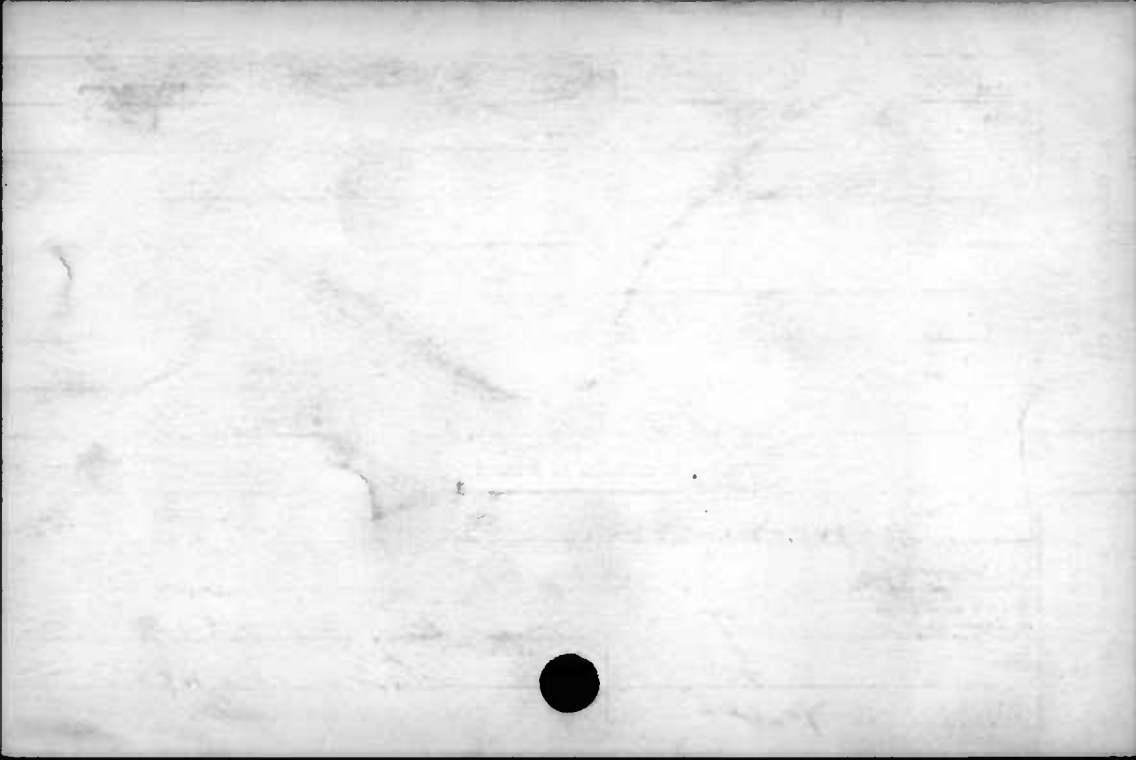
Died at Luke Town Allegheny County MARYLAND
Date of death 1905 Month Dec Day 11 Age 3 Years 6 Months 6 Days
Sex male Color or Race white Birth-place Luke
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____
Father's Name Bert McCarty Father's Birthplace Hancock
Mother's Maiden Name Annie Black Mother's Birthplace Lonaconing
Name of person giving information Bert McCarty How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia (3) How long two weeks
Immediate " How long "
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician D. J. Long
Address Bridgeton
Accident or Suicide? no



Name
in
Full

Elsie McLoay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at		Cause of death		Date of death	
190		Dec		2	
Age		5		Months	
9		Days		-	
Sex		Color or Race		Birth-place	
Female		White		Cumberland	
Occupation		Where Residing if not at place of death		-	
Married, Single or Widowed		Name of Wife or Husband		-	
Father's Name		Father's Birthplace		-	
Mother's Maiden Name		Mother's Birthplace		-	
Name of person giving Information		How related to deceased		-	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Typhoid fever		Freswick	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
-		Address	
-		-	
Accident or Suicide?		-	



Name

in
Full

Mary Magdeline W. Donald

CERTIFICATE OF DEATH

Died at

Crumm

Town

County

Accing

MARYLAND

Date

of death 1905

Month

Dec

Day

18

Age

Years

—

Months

—

3 Weeks

Sex

Female

Color or
Race

White

Birth-
place

Crumm

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

George W. W. Donald

Father's
Birthplace

Md

Mother's
Maiden Name

Josie Gleason.

Mother's
Birthplace

Wisconsin

Name of person giving
Information

George W. W. Donald.

How related
to deceased

CAUSES OF DEATH

Primary

Premature birth

How long

6 1/2 mo.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. E. B. Claybrook

Address

Chamberland
Md.

Accident or Suicide?

St. P. & S.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth M. Gowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Saus Mountain* Town

Allegheny County

MARYLAND

Date of death *1905* Month *Dec* Day *17*

Age Years *3* Months *3* Days *—*

Sex *Female*

Color or Race *White*

Birth-place *Saus Mountain*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *Single*

Name of Wife or Husband *—*

Father's Name *John M. Gowan*

Father's Birthplace *Ireland*

Mother's Maiden Name *May B. Nolan*

Mother's Birthplace *Ireland*

Name of person giving information *May B. M. Gowan*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Suppurative Pneumonia* How long *one week*

Immediate *unattended by any Physician*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo. P. Bullock H.O.*

Address *Ironconing Md*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie Malloy</i>		Town <i>Frostburg</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>15</i>		Age Years <i>60</i> Months <i>—</i> Days <i>—</i>	
Date of death <i>190</i>		Sex <i>F</i>		Color or Race <i>N</i>		Birth-place <i>Ireland</i>	
Occupation <i>N</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>John Malloy Deceased</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Philly Brown</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Nov 15, 1915</i>
Immediate <i>Broncho pneumonia</i>	How long <i>4 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. M. Lane</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	


John
Carr

Name
in
Full

Wm H. Metz.

CERTIFICATE OF DEATH

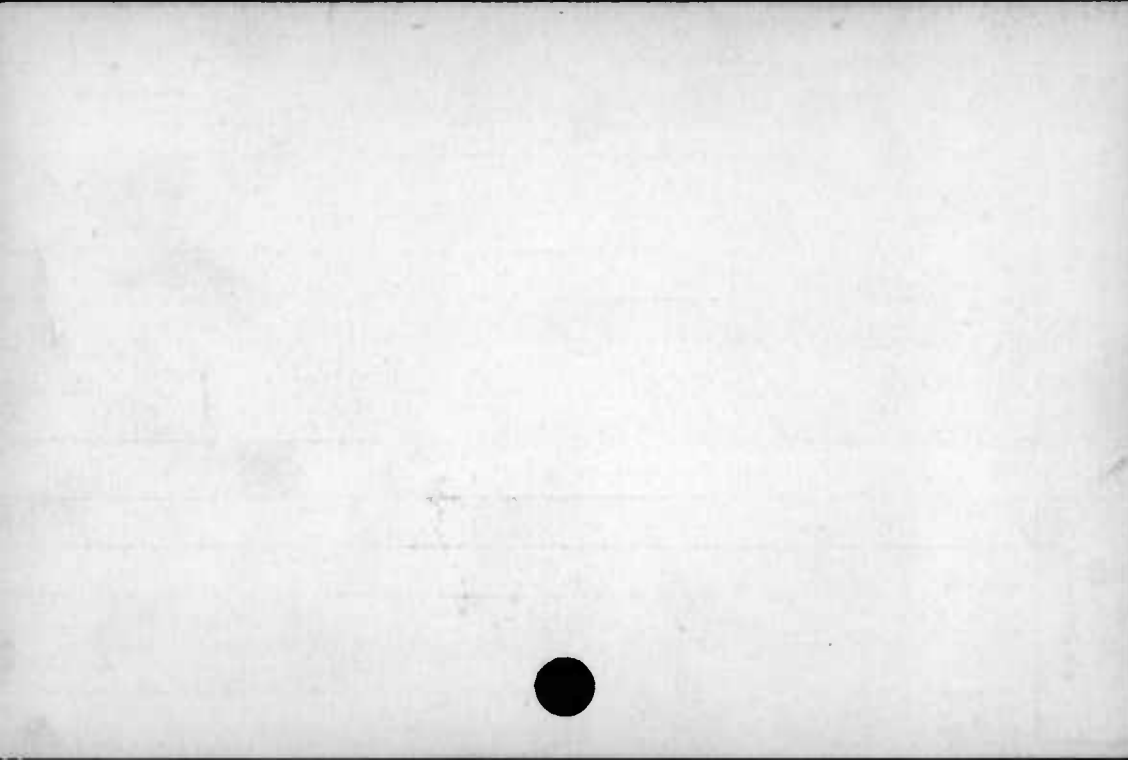
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Alleghany</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>60</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown Md</i>		
Occupation <i>Laborm</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Howard</i>			
Father's Name <i>Deane</i>				Father's Birthplace	
Mother's Maiden Name <i>"</i>				Mother's Birthplace	
Name of person giving information <i>Ms Elizabeth Metz</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage of Bowels</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. Wilson</i>
	Address <i>J. M. Gould</i>
Accident or Suicide?	<i>Md</i>



Name
in
Full

Bertha May Mikusell

CERTIFICATE OF DEATH

Died at *Lora* TownCounty *Allegany*

MARYLAND

Date of death *1905- Dec*Day *27*

Age

Years *-*Months *9*Days *21*Sex *Female*Color or
Race*White*Birth-
place*Lora Md.*Occupation *-*Where Residing if not
at place of death *-*Married, Single
or Widowed*Single*Name of Wife or
Husband *-*Father's
Name*John W. Mikusell*Father's
Birthplace*Prun.*Mother's
Maiden Name*Alice Doule*Mother's
Birthplace*Prun.*Name of person giving
In formation*John W. Mikusell*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Whooping Cough

How long

3- weeks

Immediate

Bronchitis

How long

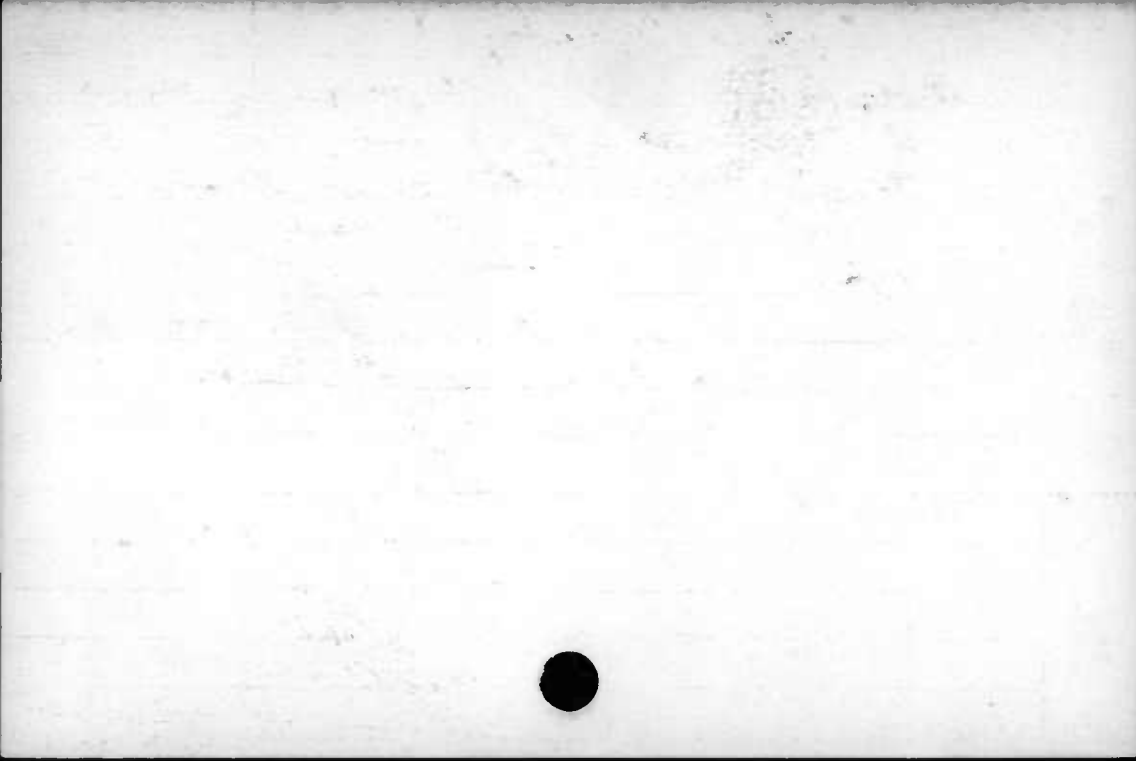
*4 days -*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*James O. Bullock*

Address

Lawrence Maryland

Accident or Suicide?

*No -*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Moody

Town *Frostburg* County *Allegheny* MARYLAND

Died at *Frostburg*

Date of death 1905 Month *12* Day *10* Age *30* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *U. S.*

Occupation *Miner* Where Residing if not at place of death *Home*

Married, Single or Widowed *S.* Name of Wife or Husband *—*

Father's Name *Patrick Moody* Father's Birthplace *Ireland*

Mother's Maiden Name *Ellen Thompson* Mother's Birthplace *U. S.*

Name of person giving information *Wm. Moody* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gun - shot wound head* How long *14 hours*

Immediate *11* How long *14 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos. H. Maule*

Address *Frostburg, Md*

Accident or Suicide?

G R M

Cott

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> <small>Town</small> <i>Allegany</i> <small>County</small>		MARYLAND			
Date of death <i>1905</i>	<i>12</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>84</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>England</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Morris</i>				
Father's Name <i>George Goodwin</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Joseph Morris</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Blood poisoning</i>	How long <i>4 months</i>
Immediate <i>Facial Erysipelas</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Coker</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide? <i>No</i>	

G. M.

Albany County -

Name
in
Full

CERTIFICATE OF DEATH

John W. Murphy

Town

County

MARYLAND

Died at Lonaconing

Allegheny

Date of death 1905 Dec

Day 7th

Age 77

Months 10

Days

Sex

Male

Color or Race

White

Birth-place

Kutter Run, Md

Occupation

Carpenter

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Mary J

Father's Name

Jas. H. Murphy

Father's Birthplace

Penn.

Mother's Maiden Name

Mary H. Hembach

Mother's Birthplace

Md.

Name of person giving information

Samuel Murphy

How related to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

17 yrs ago 14 yrs ago

Immediate

"

"

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Henry M. Hodgson

Address

Lonaconing, Md

Accident or Suicide?

no.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

O-70-11-26

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Margaret McKahan Murphy

Town

County

MARYLAND

Died at

Lonaconing

Allegheny

Date

of death

190

3

Month

Day

12

Age

73

Years

Months

11

Days

17

Sex

Female

Color or

Race

White

Birth-

place

Penn.

Occupation

Invalid

Where Residing if not

at place of death

Married, Single

or Widowed

Married

Name of Wife or

Husband

John W. Murphy

Father's

Name

John Mc Kahan

Father's

Birthplace

Penn.

Mother's

Maiden Name

Nancy McNeil

Mother's

Birthplace

"

Name of person giving

Information

Mrs. Isaac Miller

How related

to deceased

Daughter

CAUSES OF DEATH

Primary

Dementia, hyperstria

How long

4 years.

Immediate

Uraemia

How long

6 days.

Are the name, age, sex, color, date

and place correctly given above?

Yes

Signature of

Physician

Address

Henry W. Hodgson

Lonaconing, Md.

Accident or Suicide?

No.

070-17-26

Name
in
Full

Curtis Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lord Town Allegheny County MARYLAND

Date of death 1905 Dec. Month 4 Day 5-6 Age 7 Years 1 Months 1 Days

Sex Male Color or Race White Birth-place West-Va

Occupation Miner Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Rachel Bobo

Father's Name Charles Owens Father's Birthplace Ireland

Mother's Maiden Name Martha Farabee Mother's Birthplace England

Name of person giving information Mrs Charles Owens How related to deceased Wife

CAUSES OF DEATH

Primary Kill dead - Cause How long not at all

Immediate Unknown How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

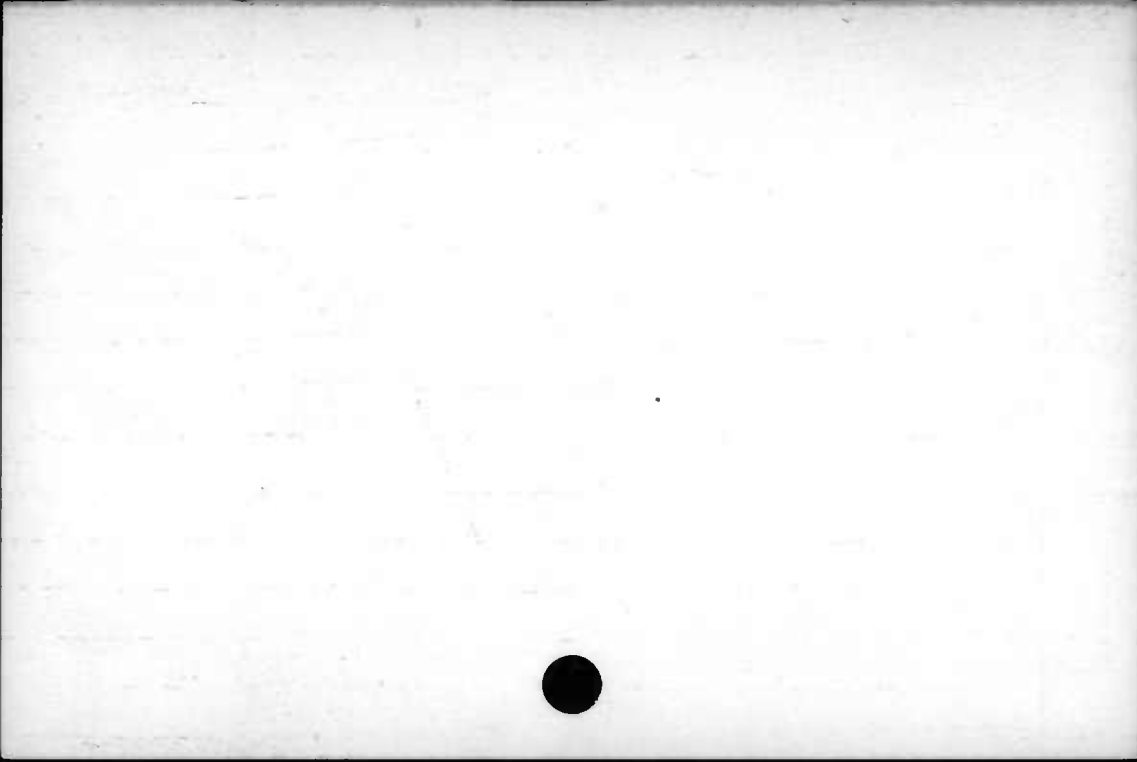
James C. Bullock
Lonaconing Md.

Accident or Suicide?

no



Name in Full Josephine Pearson		Town Lonaconing		County Allegany		CERTIFICATE OF DEATH	
Died at Lonaconing		Month Dec		Day 3rd		Years 5	
Date of death 1905		Months 11		Days 		MARYLAND	
Sex Female		Color or Race White		Birthplace Lonaconing, Ind.			
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed Single		Name of Wife or Husband 					
Father's Name Charles Pearson		Father's Birthplace Lonaconing					
Mother's Maiden Name Katherine Rushlow		Mother's Birthplace Lonaconing					
Name of person giving information Charles Pearson		How related to deceased Father					
CAUSES OF DEATH							
Primary Diphtheria		How long 4 weeks					
Immediate Acute nephritis		How long 2 weeks					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Henry M. Hodgson		Address Lonaconing, Ind.			
Accident or Suicide? No							



Name
in
Full

Emma B Beck

CERTIFICATE OF DEATH

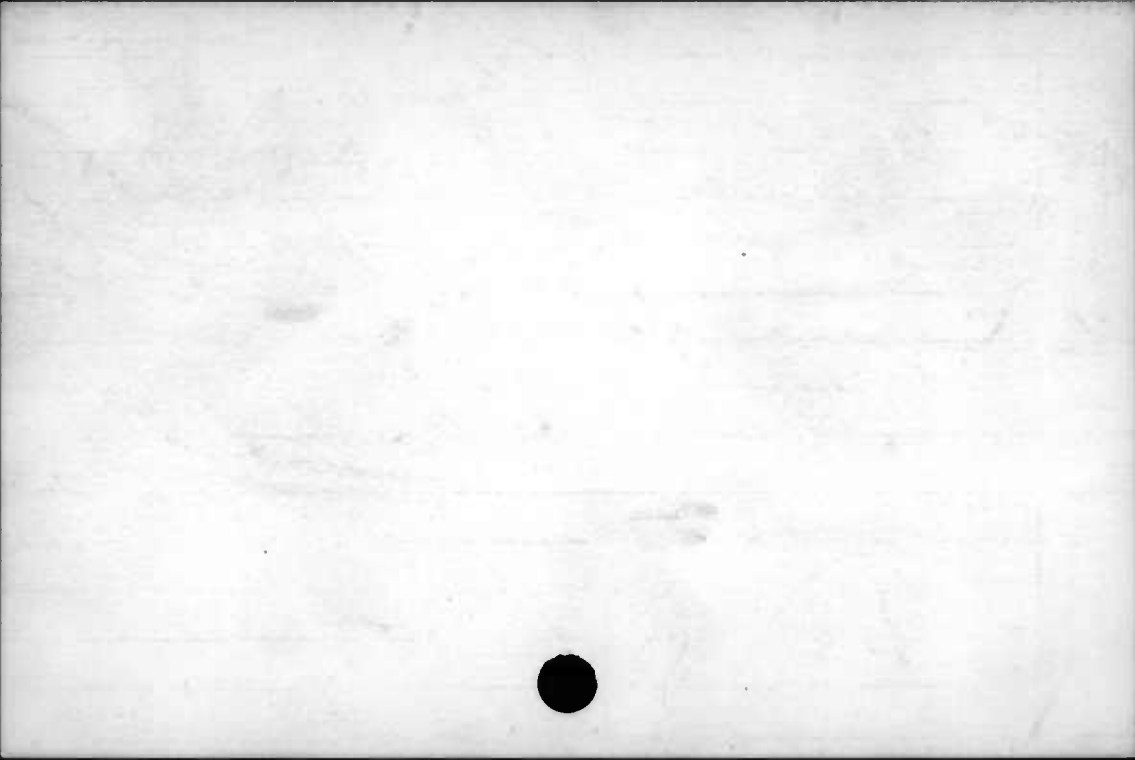
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Luska</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>12</u> ^{Month}	<u>13</u> ^{Day}	<u>20</u> ^{Years}	<u>3</u> ^{Months} <u>6</u> ^{Days}
Sex	<u>female</u>	Color or Race	<u>White</u>	Birth-place	<u>Berkeley Sp.</u>
Occupation	<u>Wife's duties</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Martin Beck</u>		
Father's Name	<u>Fredrick Danhart</u>			Father's Birthplace	<u>Don't know</u>
Mother's Maiden Name	<u>Don't know</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Martin Beck</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>6 or 8 months</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. H. Parsons</u>
		Address	<u>Piedmont W. Va.</u>
Accident or Suicide?		<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

infant Pfeifer, Mary
Town County
Died at *Crum* *Bray*

MARYLAND

Date of death | 90 | Month | Dec | Day | 24 | Age | — | Years | — | Months | — | Days | —

Sex | male | Color or Race | white | Birth-place | Crum

Occupation | — | Where Residing if not at place of death | —

Married, Single or Widowed | — | Name of Wife or Husband | —

Father's Name | Christian Pfeifer | Father's Birthplace | Germany.

Mother's Maiden Name | Josephine Horst | Mother's Birthplace | "

Name of person giving information | Christian Pfeifer S. | How related to deceased | Father

CAUSES OF DEATH

Primary | Premature delivery | How long | —

Immediate | — | How long | —

Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | Dr. W. K. Ketchum

Address | Do. Josephine | *for Dupont*

Accident or Suicide? | Rose Hill

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		① <i>Pogue</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	<i>Mt. Swage</i> Town		<i>Shellegans</i> County		MARYLAND	
	Date of death	<i>1905</i>	<i>Dec</i> Month	<i>8</i> Day	Years	Months	Days
	Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	<i>George L. Pogue</i>				Father's Birthplace	<i>Westport, Md</i>
	Mother's Maiden Name	<i>Hattie Wilson</i>				Mother's Birthplace	<i>Ballant, Md</i>
Name of person giving In formation	<i>G. L. Pogue</i>				How related to deceased	<i>Father</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Premature labor</i>				How long	<i>1 mo.</i>
	Immediate	<i>Still-born</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>				Signature of Physician	<i>Edw. L. Quaker, M.D.</i>
	Accident or Suicide?					Address	<i>Mt. Swage, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(2) Poque

Town County

Died at Mt. Smagh Keegan

MARYLAND

Date of death 1908 Dec 8 Age Years Months Days

Sex Male Color or Race Black Birth-place Mt. Smagh Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name George L. Poque Father's Birthplace Washington D.C.

Mother's Maiden Name Hattie Wilson Mother's Birthplace Oakland, Md.

Name of person giving information G. L. Poque How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature labor X51 How long 1 mo

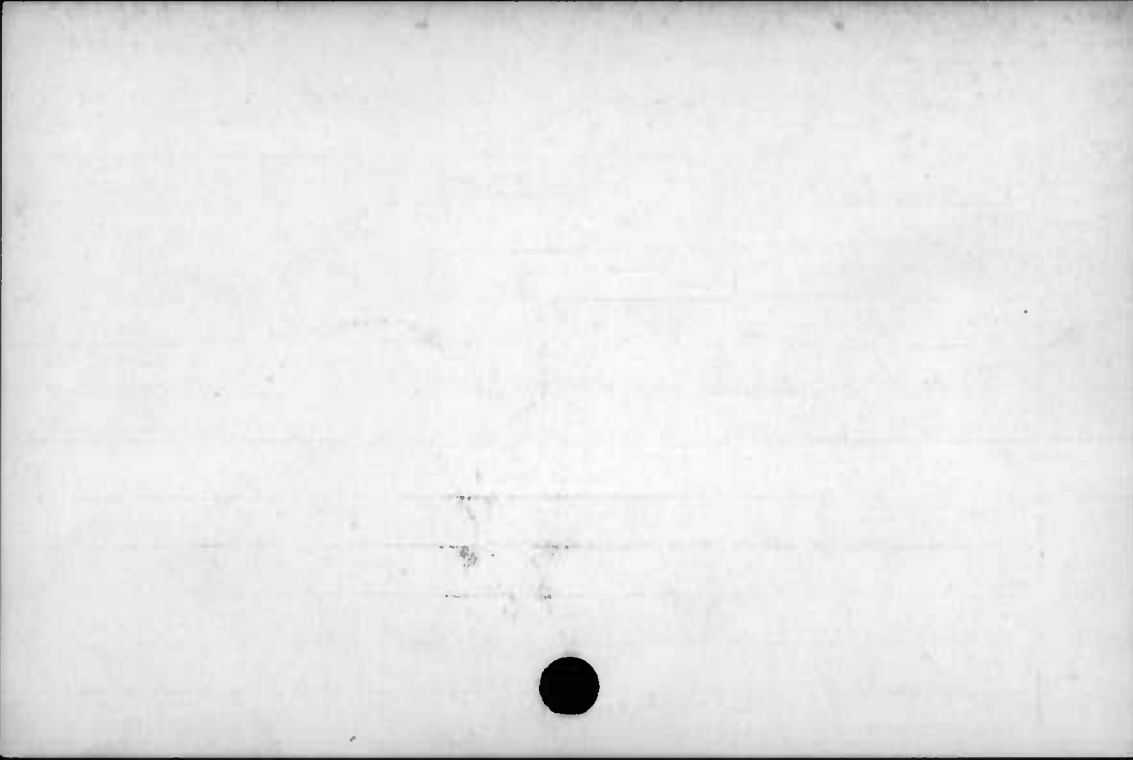
Immediate Syncope How long 1/2 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edward Charles M.D.

Address Mt. Smagh Md.

Accident or Suicide? _____



Name
in
Full

William Repshamm

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at North Branch

Allegheny

Date

Month

Day

Years

Months

Days

of death 1905

Dec

10

Age

52

Sex

Male

Color or
Race

White

Birth-
place

Eckhardt

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife
Husband

Emilia

Father's
Name

-

Father's
BirthplaceMother's
Maiden Name

Margaret Leidenwinger

Mother's
Birthplace

Germany

Name of person giving
Information

Albert Repshamm

How related
to deceased

Son

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

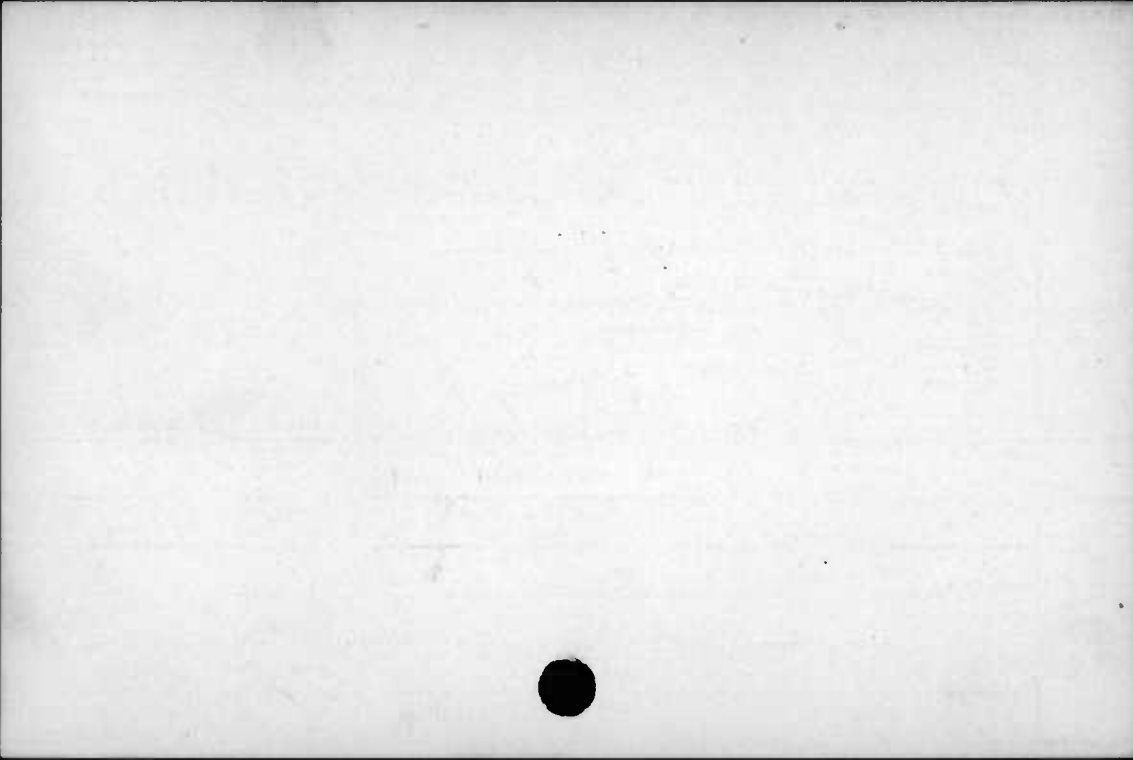
Signature of
Physician

Address

Dr W. F. Twigg
Ings

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

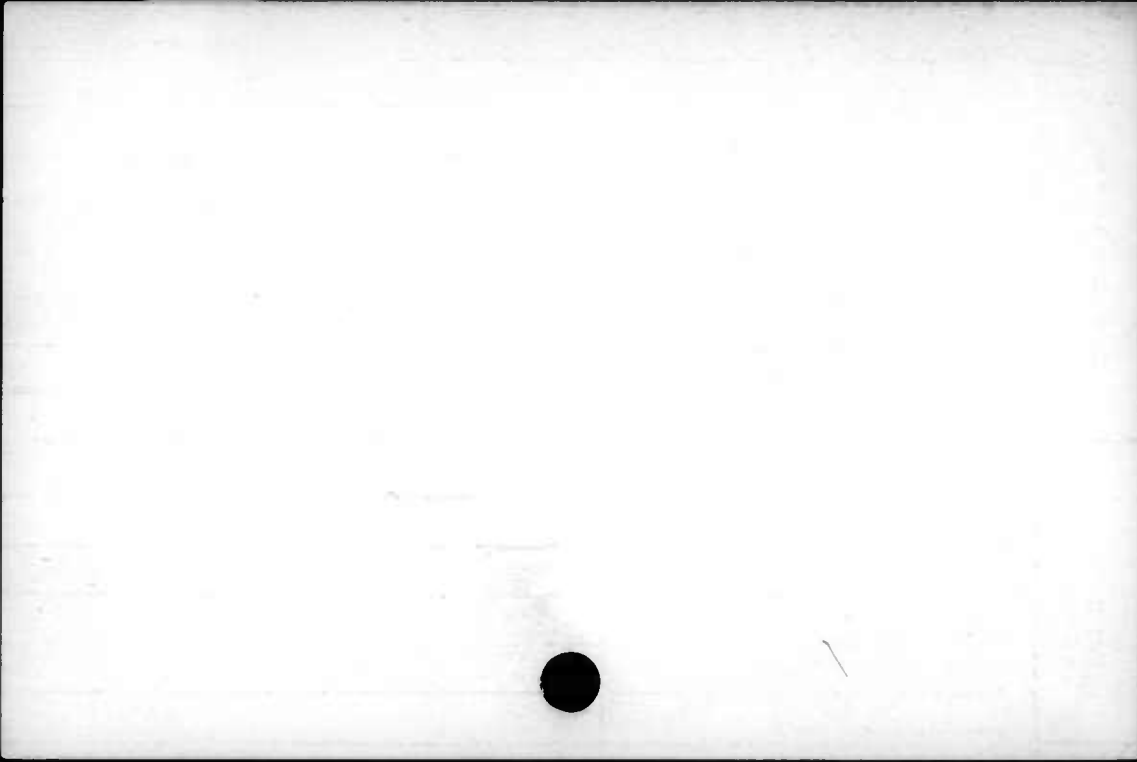
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1905	Dec	15	32				
Sex	Color or Race		Birth-place				
Female	White		Cumbd.				
Married, Single or Widowed		Occupation					
Married							
Name of Wife or Husband							
John Ring							
Father's Name				Father's Birthplace			
John Whitman							
Mother's Maiden Name				Mother's Birthplace			
Mc Kee							
Name of person giving information				How related to deceased			
John Ring				Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia	How long	30 days
Immediate	Exhaustion	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. R. Hodges M.D.	
		Address	
		Cumberland, Md.	
Accident or Suicide?			



Name

in
Full

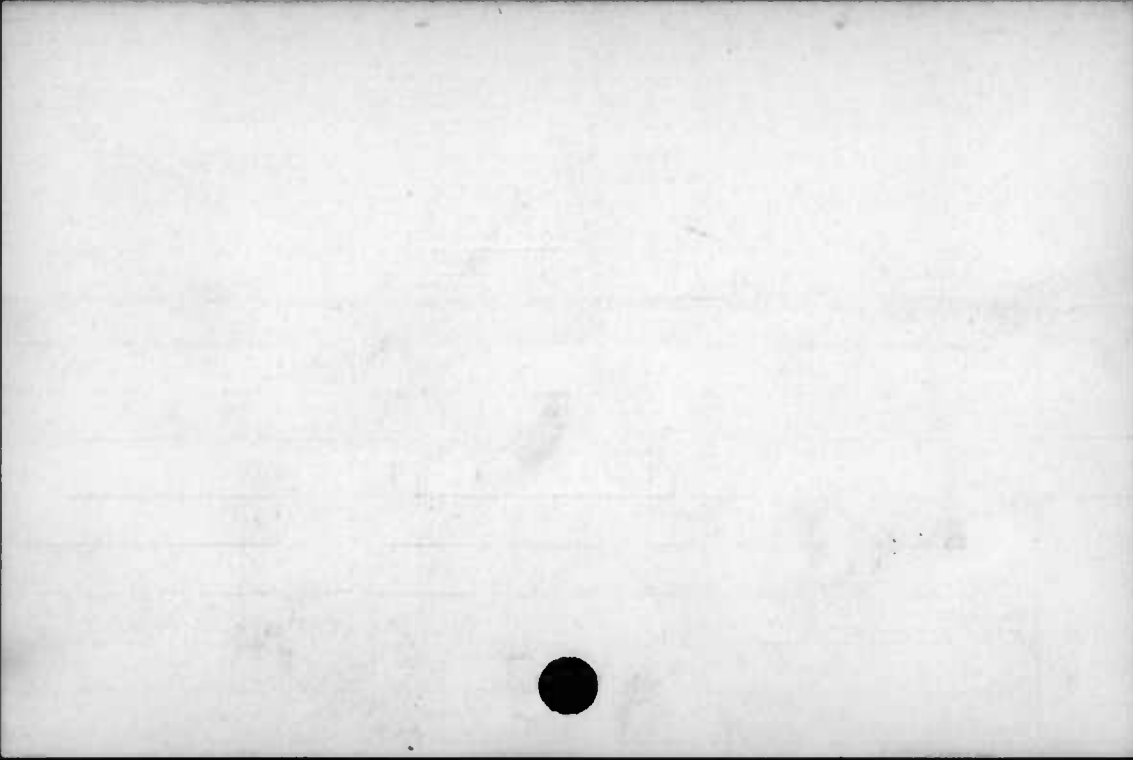
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1908	Month	Dec.	Day	10
Age	41	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	
Occupation	Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	Chas. Ashby				How related to deceased
none					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer of Eye	How long	15
	Immediate	Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Dr. Geo L Carder	
Address		Cumberland Md		
Accident or Suicide?				



Name
in
Full

Wm A. Robinson

CERTIFICATE OF DEATH

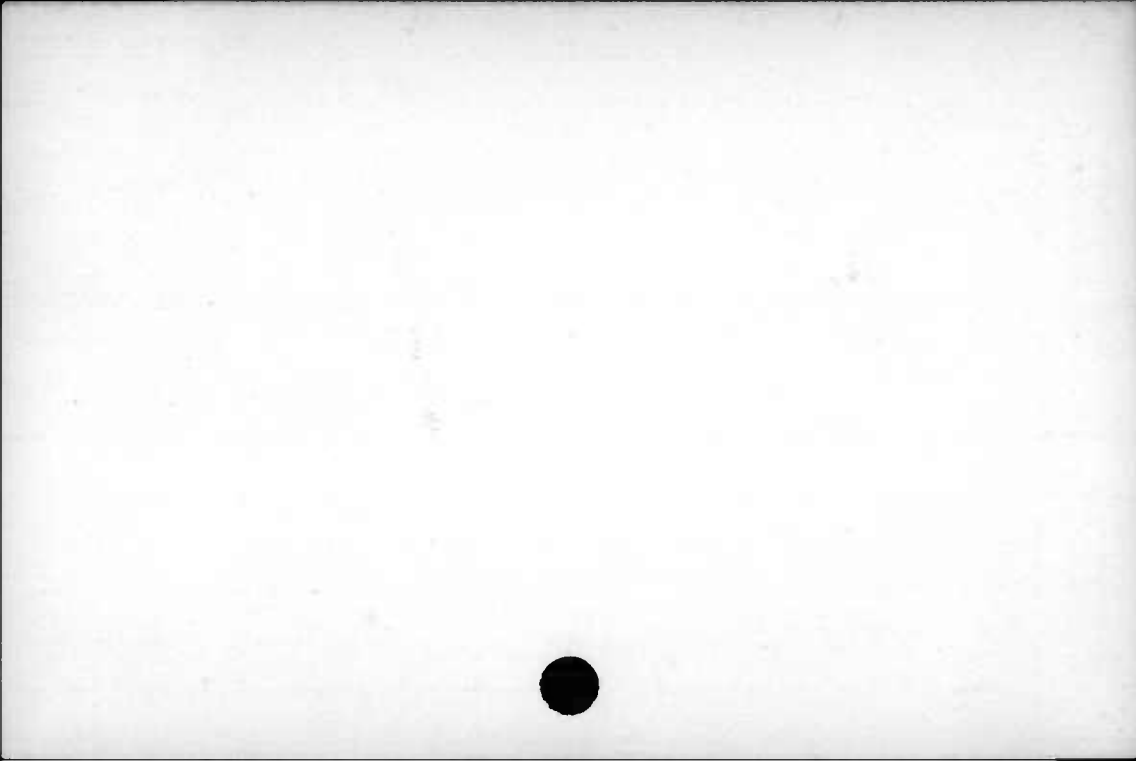
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>5</i>	Age <i>62</i>	Months <i>1</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Lumberman</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Hanni Blocker</i>				
Father's Name <i>George Robinson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Rodir Preston</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Olin Robinson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer Stomach</i>	How long <i>140</i>
Immediate <i>Exhaustion</i>	How long <i>8 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Blocker</i>
	Address <i>Frostburg</i>
Accident or Suicide?	



Name
in
Full

Georgiana Schley

CERTIFICATE OF DEATH

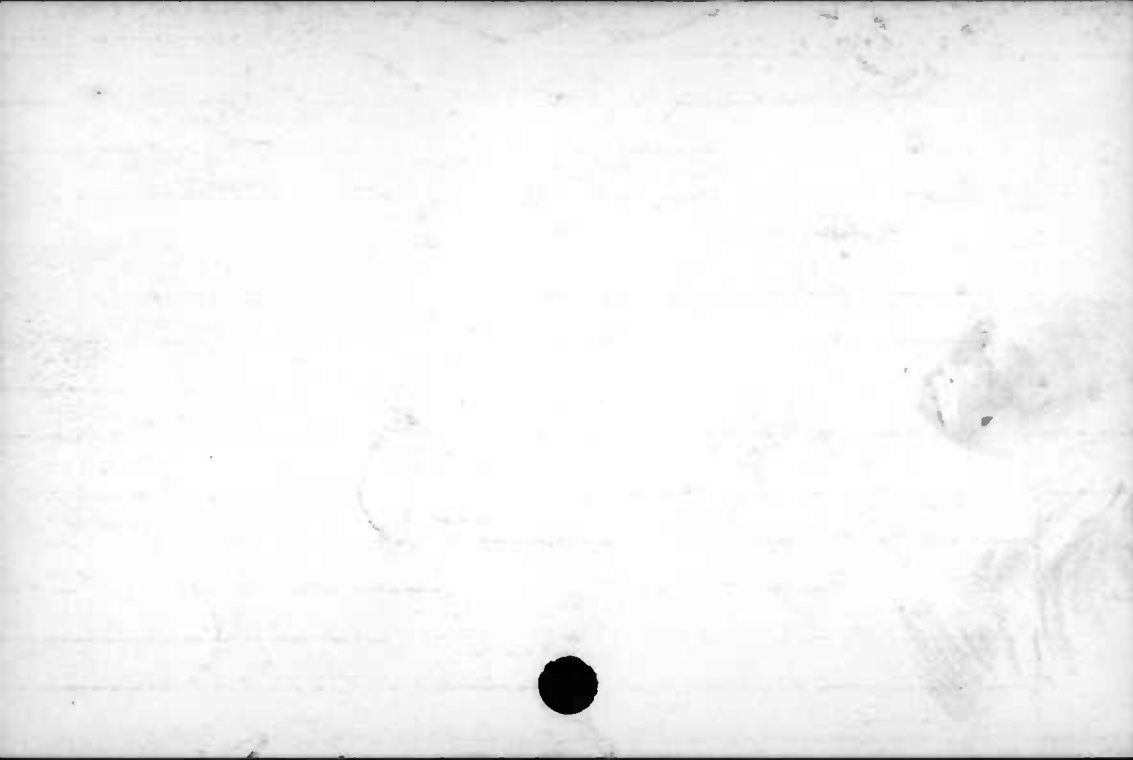
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Wilegar</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small>	<u>Dec</u>	Day <u>13</u>	Age <u>34</u> <small>Years</small>	Months <u>10</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Cumberland Md</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Widow</u>	Name of Husband <u>Joseph Schley</u>				
Father's Name <u>Henry Hall</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Lia</u>		
Mother's Maiden Name <u>Ellen Scott</u>	How related to deceased <u>Mother</u>		Name of person giving information <u>Allen Hall</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Laryngeal Tuberculosis</u>	How long <u>do not know</u>
Immediate <u>Exhaustion</u>	How long <u>several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. B. Duke</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

CERTIFICATE OF DEATH

Antony Seney

Town

County

MARYLAND

Died at *Amherst*

Date of death 1905 *Dec* 31

Age *52*

Months *—* Days *—*

Sex *Male*

Color or Race *White*

Birth-place *Austria*

Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *given at Western Hospital*

How related to deceased

CAUSES OF DEATH

Primary *Phleum*

How long *Sex was*

Immediate *Inhalation*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

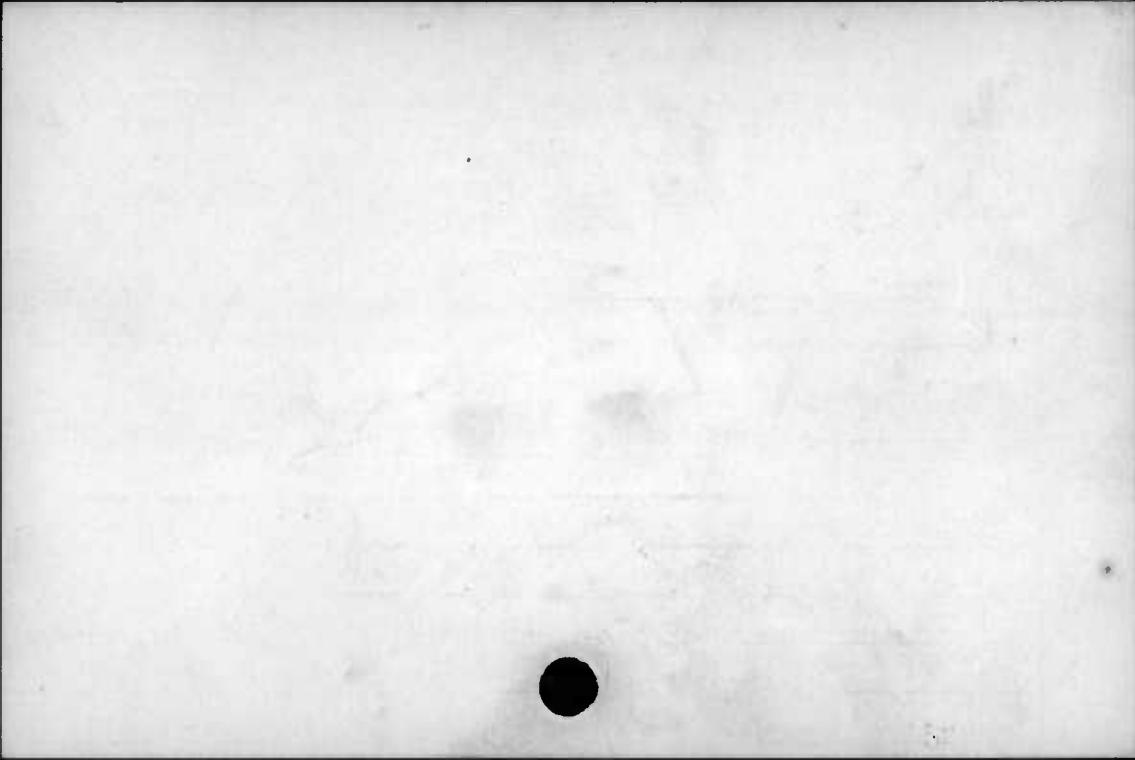
Signature of Physician *W H W Henry*

Address *Amherst*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

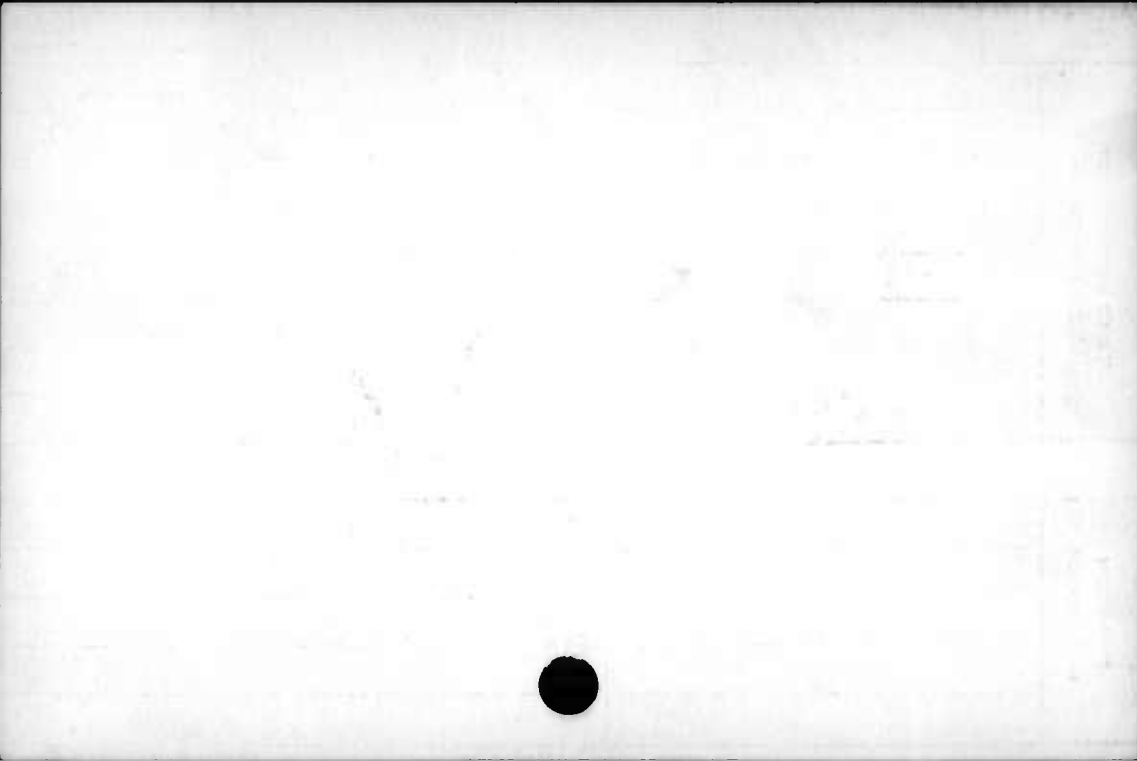
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Terrubulat</i>		Town <i>Born</i>		County <i>Allegany</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Dec</i>	Day	<i>9</i>	Age	<i>Still Born</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>md</i>
Occupation	<i>chiece</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>H. C. Simpson</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Marynet E. Gahler</i>					Mother's Birthplace	<i>md</i>
Name of person giving Information	<i>H. C. Simpson</i>					How related to deceased	<i>brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>Still Born</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. W. W. W.</i>
		Address	<i>Terrubulat</i>
Accident or Suicide?	<i>—</i>		<i>md</i>



Name
in
Full

George H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bumtland</u>		County <u>Allegheny</u>		MARYLAND	
Date of death	1905	Month	Dec	Day	3
Age		Years		Months	Days
Sex		Male		Color or Race	White
Occupation		Laborer		Birth-place	Bumtland
Where Residing if not at place of death		-			
Married, Single or Widowed	Single	Name of Wife or Husband		-	
Father's Name	Henry Smith	Father's Birthplace		Bumtland	
Mother's Maiden Name	Dead	Mother's Birthplace		-	
Name of person giving information	Henry Smith	How related to deceased		Father.	

CAUSES OF DEATH

Primary	<u>Phthisis Pulmonales</u>	How long	<u>two years</u>
Immediate	<u>Exhaustion</u>	How long	<u>minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James Wilson</u>
Address		<u>Wilson</u>	
Accident or Suicide?		<u>No</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Irving J. Swartz
 Died at *Cumtland Alley* ^{Town} *Cumtland* ^{County}

MARYLAND

Date of death *190* ^{Month} *Dec* ^{Day} *19* ^{Years} *Age* *Six* ^{Months} *Days* *hours*

Sex *Male* Color or Race *White* Birth-place *Cumtland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Irving J. Swartz* Father's Birthplace *New York*

Mother's Maiden Name *Neela MacFarland* Mother's Birthplace *Scotland*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Infection child six months* How long _____

Immediate

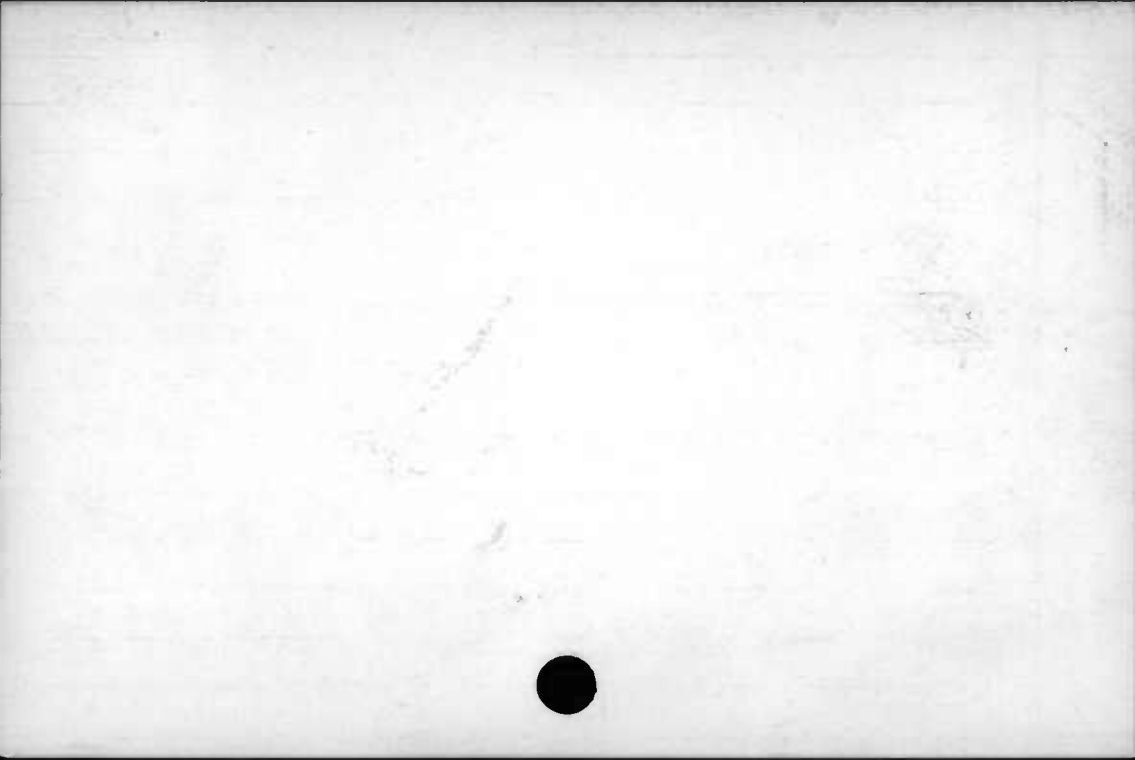
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W H Noble*

Address

Cumtland
The city house

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i>		Town		County		Allgemey		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>31</i>		Age <i>2</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>					
Occupation <i>none</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Tom Morris</i>		Father's Birthplace <i>England</i>							
Mother's Maiden Name <i>Dorothy Dadds</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Tom Morris</i>		How related to deceased <i>Father</i>							

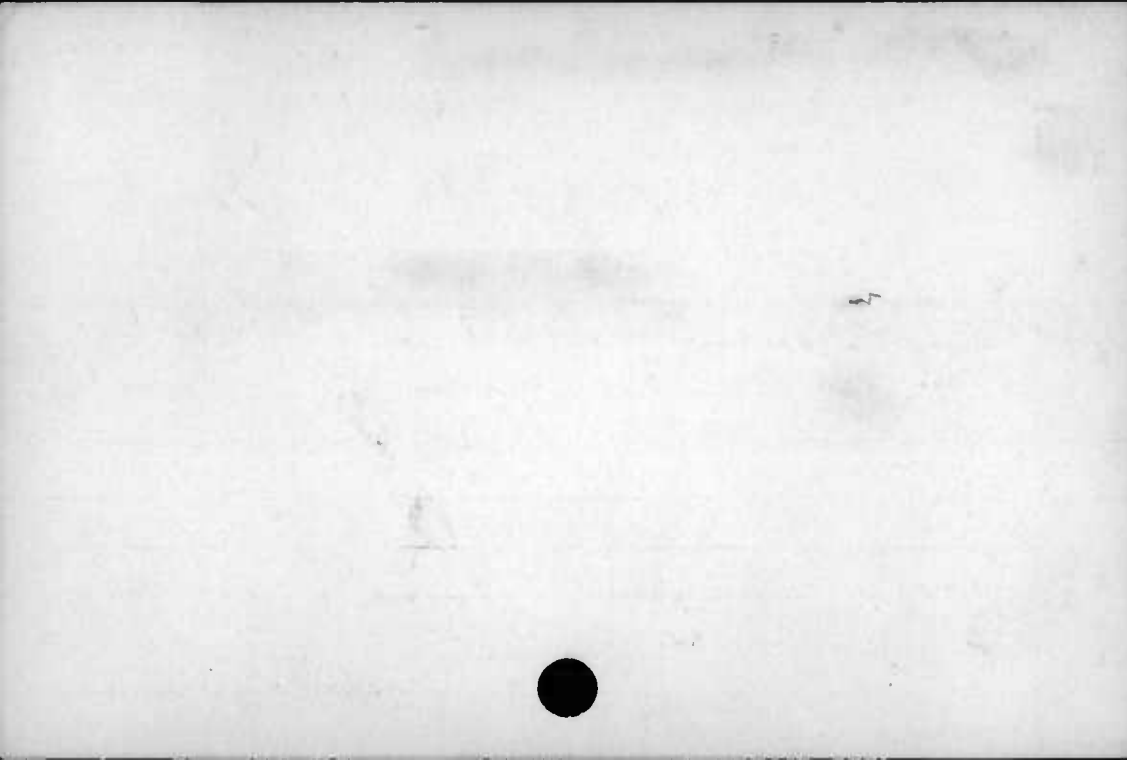
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>Two weeks</i>	
Immediate <i>Complications</i>		How long <i>48 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. D. Skilling M.D.</i>	
		Address <i>Lonaconing</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Hazel Virginia Valentine				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cumberland</u> <small>Town</small>		<u>Alley</u> <small>County</small>		MARYLAND	
		Date of death <u>1905</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>16</u> <small>Years</small> <u>—</u> <small>Months</small> <u>1</u> <small>Days</small> <u>7</u>		Age <u>—</u>			
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Cumt'd</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>William Valentine</u>		Father's Birthplace <u>W. Md</u>			
		Mother's Maiden Name <u>Ollie Calahan</u>		Mother's Birthplace <u>Md</u>			
		Name of person giving information <u>William Valentine</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary: <u>Pneumonia</u>		How long <u>193</u>			
		Immediate <u>Pneumonia</u>		How long <u>5 Dys.</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>E. H. White Dr</u>			
		Accident or Suicide? <u>no.</u>					



Name
in
Full

Elmer Bell Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

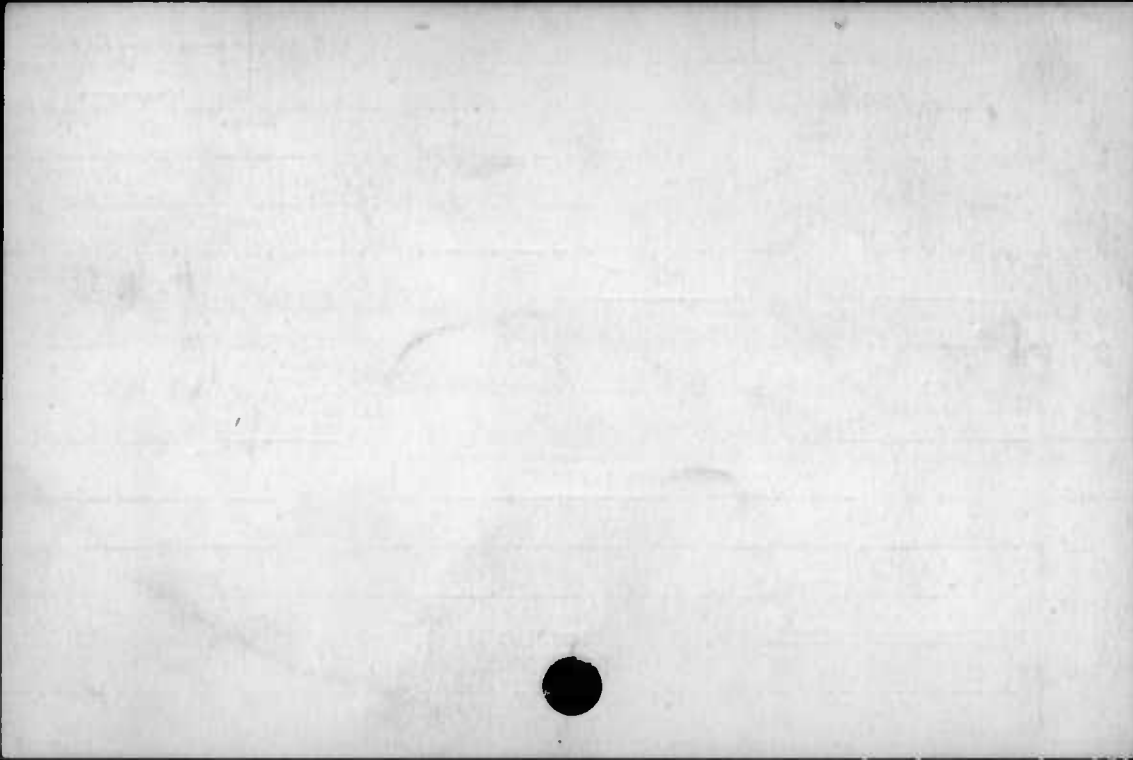
Died at <u>Westernport</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death	1905	Month	12	Day	30
Age	1	Years	7	Months	
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	X	Name of Wife or Husband			
Father's Name	Joseph Washington			Father's Birthplace	W Va
Mother's Maiden Name	Addie Ford			Mother's Birthplace	W Va
Name of person giving information	Moses Thompson			How related to deceased	Cousin

Dr Abbott

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. E. Abbott	
Address		Bicement	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

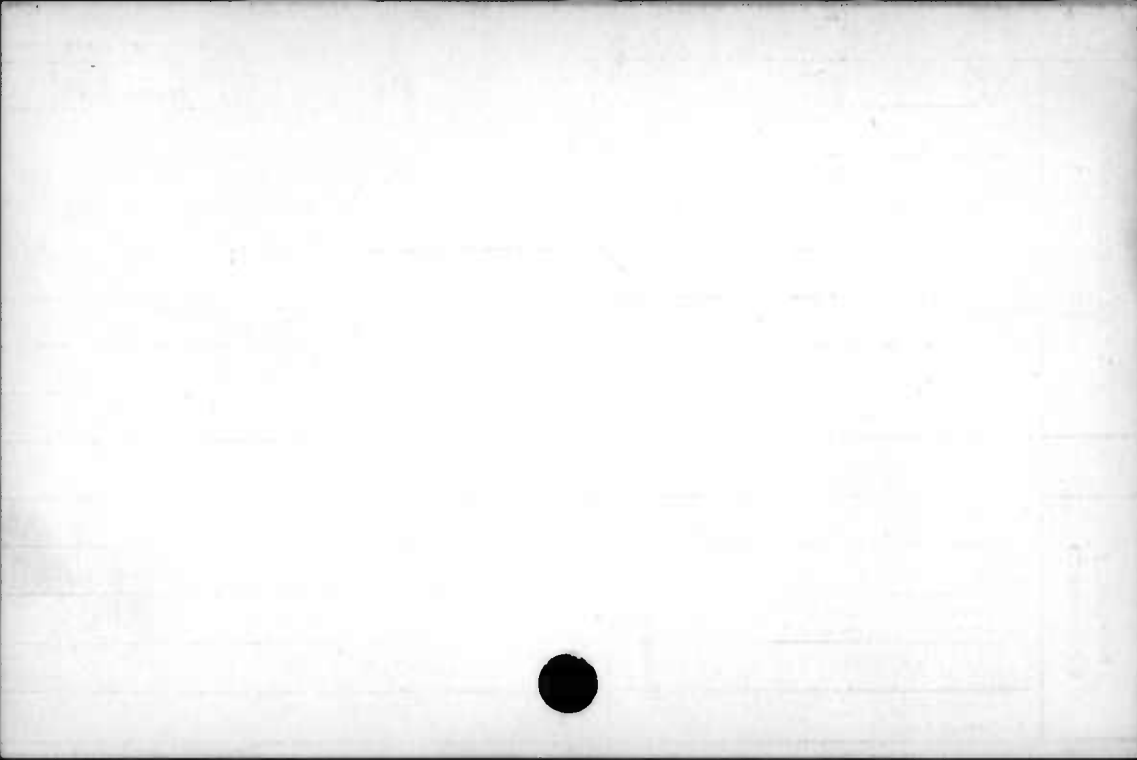
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>bruntd</i>		Town <i>White (M M)</i>		County <i>accyng</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>14</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>bruntd</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George H. White</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Annie M. Eschenbach</i>				Mother's Birthplace <i>bruntd</i>			
Name of person giving Information <i>George H. White</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>S.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Forensician</i>	
		Address <i>bruntd</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Wills

CERTIFICATE OF DEATH

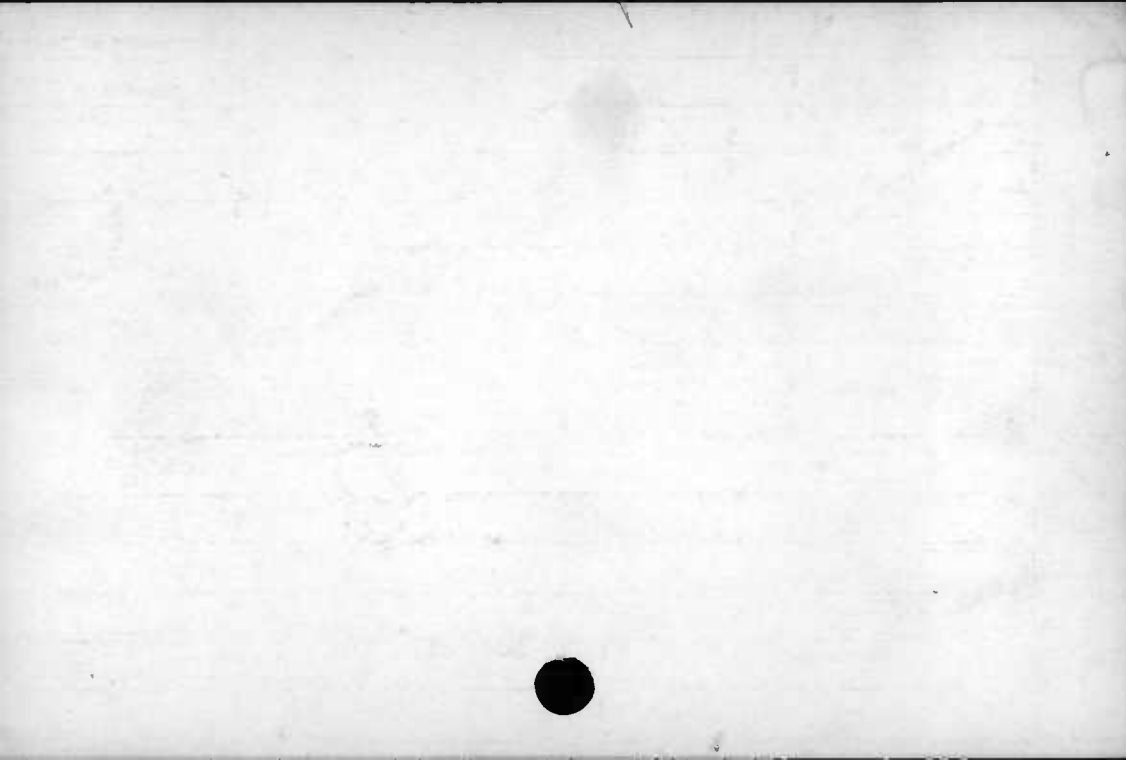
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Sarge</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	3
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	<i>Wm Sarge</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Griffith</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Rose Wills</i>			Mother's Birthplace <i>Wm Sarge</i>		
Name of person giving information			How related to deceased		

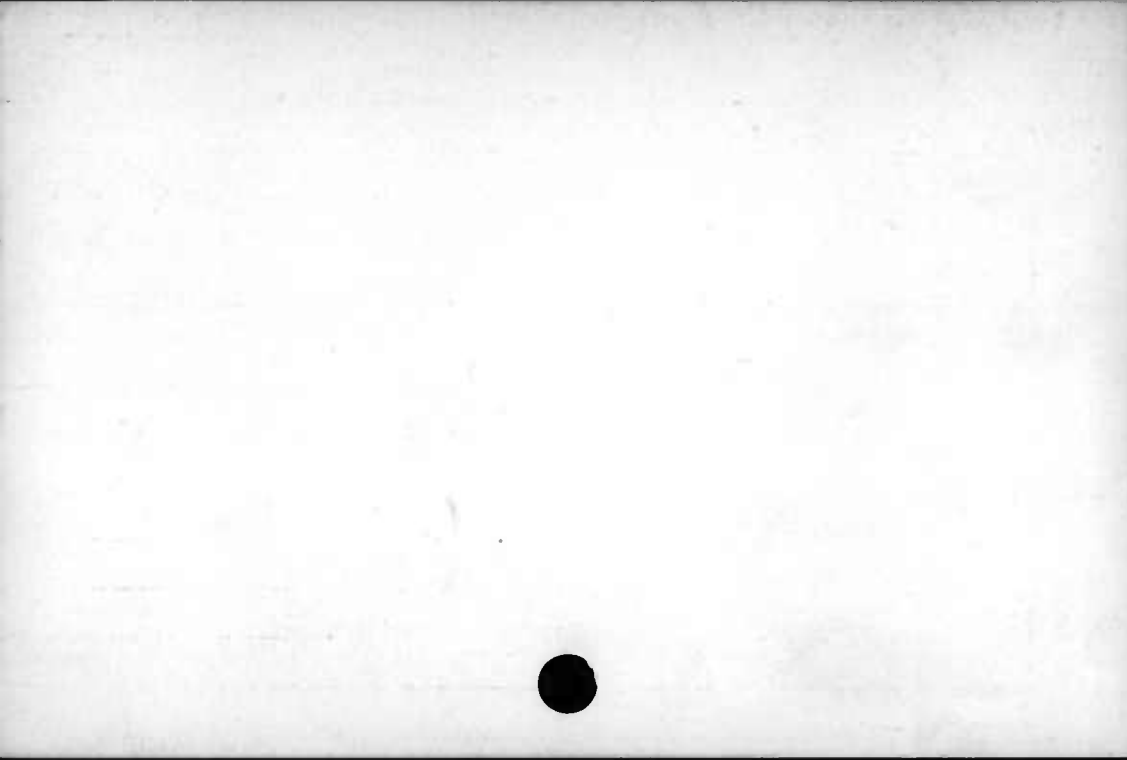
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn S.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Albee E. Harvey</i>	
	Address <i>Wm Sarge</i>	
Accident or Suicide?		



Name in Full Wm. Henry Wilt		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Barton <small>Town</small>		Allegany <small>County</small>
	Date of death 1905 Dec <small>Month</small>		20 <small>Day</small>
	Age 65 <small>Years</small>		6 <small>Months</small>
	Sex male		Color or Race white
	Married, Single or Widowed Married		Occupation Farmer
	Name of Wife or Husband Elizabeth Broadwater		Birth-place Gauley City
	Father's Name Theo. Wilt		Father's Birthplace ✓
Mother's Maiden Name ✓		Mother's Birthplace ✓	
Name of person giving information Chas. Custer		How related to deceased step. son	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pericarditis		How long about 2 months
	Immediate Uraemic Coma		How long 2 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. A. Bouches
			Address Barton Md
	Accident or Suicide?		



Name
in
Full

Russell L. Wolford

CERTIFICATE OF DEATH

Died at Cumberland ^{Town} Allgarany ^{County} **MARYLAND**

Date of death 1905 ^{Month} Dec ^{Day} 30 ^{Years} Age ^{Months} 15 ^{Days}

Sex Male Color or Race White Birth-place Cumberland

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single or Widowed

Name of Wife or Husband

Father's Name

Frank T. Wolford

Father's Birthplace

Elintstone

Mother's Maiden Name

Edna Wilson

Mother's Birthplace

18

Name of person giving Information

Frank T. Wolford

How related to deceased

CAUSES OF DEATH

Primary

Whooping Cough Pneumonia

How long

Several weeks

Immediate

Tracheitis

How long

four days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. [Signature]
Cumberland
Maryland

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

